

PROVINCE OF SASKATCHEWAN

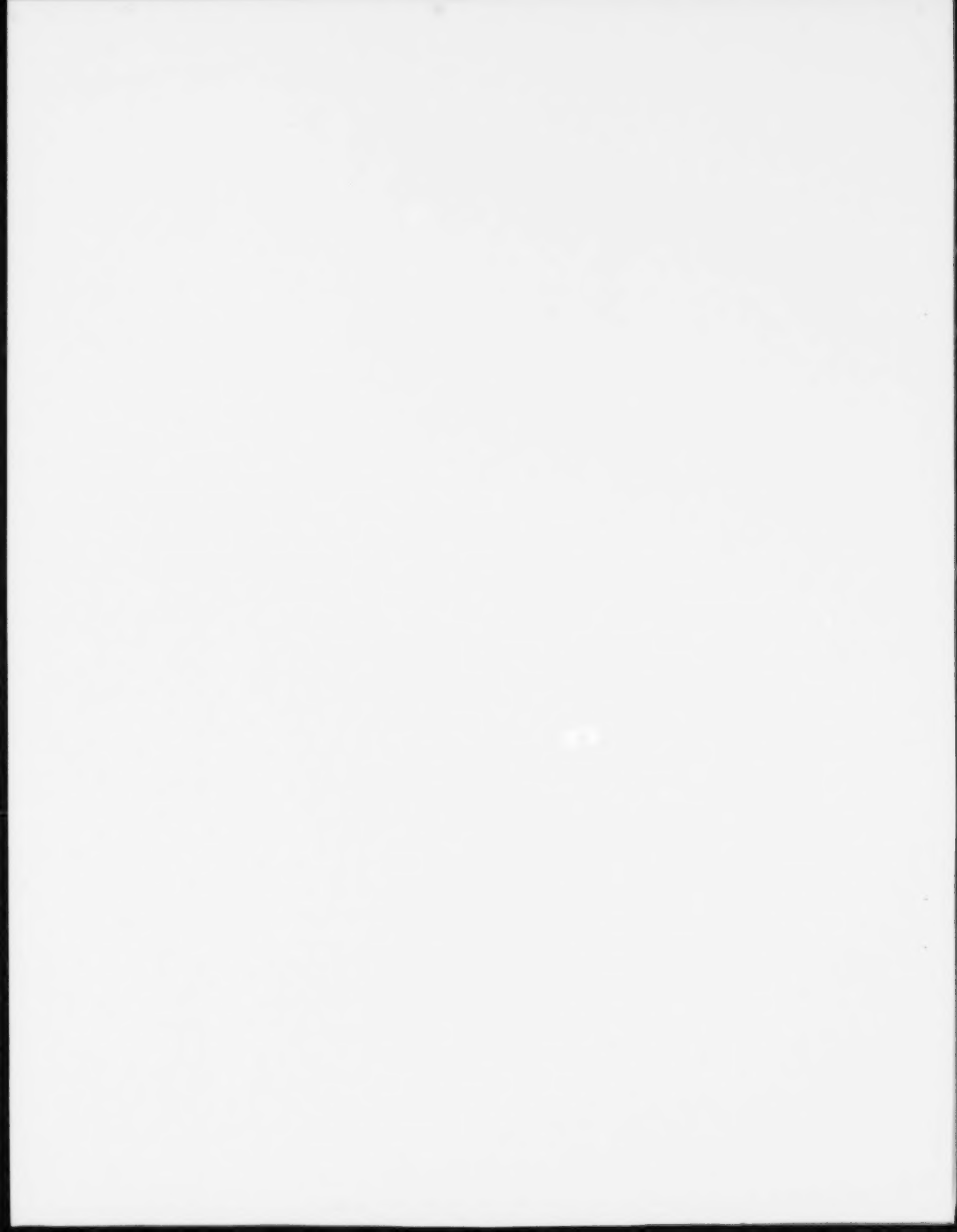


08-09

**ANNUAL
STATISTICAL
REPORT**

MINISTRY OF HEALTH

Medical Services Branch



Preface

This fiscal year 2008-09 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician, chiropractor, optometrist and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association (SMA). Payments by the Plan under its program areas totalled \$623.0 million in 2008-09 (see page 5), an increase of \$50.1 million or 8.7 per cent over 2007-08.
- The Branch supports the Medical Education System at the College of Medicine with funding of \$34.2 million in 2008-09 (see page 5). The Medical Education System covers the following areas:
 - academic and clinical services provided by faculty;
 - undergraduate, post-graduate (including international medical graduates (IMGs)) and re-entry training; and,
 - 286 post-graduate medical resident positions (see Table 33).
- MSP, through its Professional Review Committees, recovered \$143,400 in fee-for-service payments from six practitioners who were found to have incorrectly charged the Plan (Table 2).
- The number of claims processed and paid in 2008-09 totalled 8.9 million, a decrease of 4.4 per cent from 2007-08 (Table 3).
- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to \$477.1 million, a decrease of 2.2 per cent on a per capita basis (Table 8). Total expenditures (000's) by program area:

	2007-08	2008-09	Per Capita Change
Physicians	\$459,518	\$458,062	-2.33%
Optometrists	\$5,450	\$5,675	2.03%
Chiropractors	\$11,595	\$11,457	-3.18%
Dentists	\$1,616	\$1,882	14.06%

(see status of current agreements on page 58)

- Payments for out-of-province physician services totalled \$28.4 million (Table 11) up 8.9 per cent. Physician fee increases contributed to this increased cost. Out-of-province hospital payments totalled \$64.7 million (Table 13a) up 24.2 per cent. Hospital claims submission problems had understated the expenditures reported for 2007-08.
- Services outside Canada for patients with prior approval:

	2007-08	2008-09
Patients	35	40
Practitioner Costs	\$379,100	\$447,200
Hospital Costs	\$2,040,000	\$2,515,300
Total Costs	\$2,419,100	\$2,962,500

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan decreased at year-end to 1,348 from 1,357 in 2007-08. Metro (Regina and Saskatoon) general practitioners decreased by 27 (to 373), other urban general practitioners remained unchanged at 155, and rural general practitioners increased by 12 (to 241); specialists increased by six (to 579).

Average payments to active physicians (Table 25):

General Practitioners	\$247,300	down 1.6%
Specialists	\$390,100	up 1.1%
All Physicians	\$308,600	up 0.1%

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Emergency Rural Coverage Programs (ERCP) totalled \$22.8 million (Table 27).
- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totalled \$139.6 million (Table 28), an increase of 9.2 per cent.

- The per capita costs for physician services decreased by 1.4 per cent to \$436 from \$443 in 2007-08 (Table 31).

Physician Remuneration

- In 2008-09, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$394.8 million (see page 6), an increase of 5.8 per cent from 2007-08.
- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2008-09, this sector accounted for about \$212.7 million, 32.4 per cent of Saskatchewan Ministry of Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).
- The amount of new and continuing bursaries and grants increased from 149 to 163 in 2008-09 for a total commitment of \$4.9 million (see page 6).

Medical Services Branch 2008-09 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	\$440,916,358	70.3
Physicians – Fee-for-Service ¹	400,980,634	63.9
Physicians – Non-FFS		
- Alternate Payments	8,839,166	1.4
- Northern Health, Student Health & Community Clinics ²	14,580,022	2.3
Chiropractors	9,792,255	1.6
Optometrists	4,878,753	0.8
Dentists	1,845,528	0.3
Out-Of-Province (including Hospital)	106,907,950	17.0
Saskatchewan Medical Association Programs ³	40,737,196	6.5
Medical Education System	34,232,798	5.5
Dental Residency Grant	107,998	0.0
Chiropractic Clinical Practice Grant	15,000	0.0
Optometrists – Continuing Medical Education (CME)	30,000	0.0
Optometrists – Children's Vision Initiative	60,000	0.0
Administration	4,058,328	0.6
Total Expenditures	\$627,065,628	100.0

¹ Includes Emergency Rural Coverage Program payments processed through the Claims System.

² These expenditures include payments to physicians only.

³ Includes Specialist Emergency Coverage Program payments.

Notes:

1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of chiropractic and optometric Supplementary Health Program claims.

2) MSP Out-Of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2008-09

	Expenditures	Recipients of Bursaries & Grants	
		New	Total ⁴
<u>Fee-For-Service (FFS)</u>	<u>\$394,820,456</u>		
<u>Emergency Rural Coverage Programs (ERCP)³</u>	<u>\$6,315,261</u>		
<u>Specialist Emergency Coverage Programs (SECP)</u>	<u>\$16,467,051</u>		
<u>Non-fee-for-service (Non-FFS)</u>	<u>\$212,651,191</u>		
Medical Remuneration	\$113,940,874		
^{1,2} Saskatchewan Cancer Agency	\$14,627,660		
^{1,2} Student Health Centre	\$627,448		
^{1,2} Community Clinics	\$6,267,767		
^{1,2} Northern Health Contract Physicians	\$7,684,807		
Alternate Payments - MSB Non-FFS	\$8,839,166		
Alternate Payments - RHA Operating	\$16,817,579		
^{1,2} Alternate Payments - Primary Health Services Sites	\$13,582,839		
Clinical Services Fund (College of Medicine)	\$30,263,052		
Sub-Total: Payments for Physician Services	\$630,253,960		
(including FFS, Emergency Coverage Programs and Non-FFS)			
<u>SMA (excluding Emergency Coverage) and Bursary Programs</u>	<u>\$25,958,538</u>	<u>64</u>	<u>163</u>
Undergraduate Medical Bursaries	\$195,000	5	13
Medical Residency Bursaries	\$200,000	2	8
Physician Re-Entry Training Program	\$325,390	2	7
Rural Practice Enhancement Training	\$120,217	2	4
Rural Practice Establishment Grants	\$327,500	13	27
Rural and Remote Incentives	\$1,971,893		
Continuing Medical Education Program	\$3,400,000		
Canadian Medical Protective Agency (CMPA) Funding	\$4,255,145		
Practice Enhancement Program	\$75,000		
Physician Retention Fund	\$6,600,000		
Specialist Recruitment and Retention Bursaries and Programs	\$2,000,000	31	77
New Initiatives (including Electronic Medical Record)	\$4,100,000		
Parental Leave Program	\$700,000		
Saskatchewan Health Re-entry Training	\$456,578	1	7
Supernumerary IMG Training Seats	\$1,231,815	8	20
Grand Total: Expenditures (including SMA & Bursary Programs)	\$656,212,498		
Continuing Bursaries from Previous Years		<u>99</u>	—

¹ Expenditures in these areas are managed by other Branches of the Ministry of Health.

² These expenditures include payments to physicians only.

³ Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

⁴ The total includes new recipients in 2008-09 plus recipients of continuing bursaries from previous years.

Note: 1) Ministry funding for physician services may not equal expenditures by RHAs.

2) Portions of Ministry funding are unavailable, such as compensation to radiologists providing CTs and MRIs.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

MSP provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- out-of-hospital x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50-69 years of age are available and funded through the provincial Screening Program for Breast Cancer;

- an approved list of office-based laboratory services provided by a physician other than a pathologist; and
- other diagnostic services provided by a physician.

Preventive Medical Services - Immunization services where not available through any government or Regional Health Authority; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over, or for persons 18 years of age and over as of October 1, 2007) by optometrists is limited to the following five categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement; and,
- Workers' Health Benefits Program beneficiaries as of July 1, 2007.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and,

- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service for all Saskatchewan beneficiaries effective April 1, 2006.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from MSP was received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and bone densitometry provided outside of the province are only insured with prior approval from the Ministry of Health. Effective February 25, 2009 prior approval is no longer required for MRI and cataract surgery when performed in a publicly funded facility.

Non-emergency services provided outside of Canada are only insured with prior approval from the Ministry of Health.

Hospital Services:

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to \$100 (Canadian) per day for in-patient services and up to \$50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Ministry of Health.

Cataract surgery, MRIs and bone densitometry provided outside of the province are only insured as noted above for physician services.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Act*
- laboratory services by specialists in pathology
- travelling
- advice by telephone except when provided by physicians to allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 7)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules;
- population-based funding, adjusted by age, gender and geographic area for general practitioner services provided to clients who primarily seek their health care from a single physician clinic; and,
- salary, contractual or sessional payment arrangements funded through RHA Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities; and,
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Ministry's Primary Health Services initiative. Physicians and RHAs considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

The Primary Health Services Branch provides a global system of payment for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to order the recovery of payments made to practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2008-09 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes all shadow-billing data, including primary health care projects managed by Primary Health Services Branch, is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations - Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and paediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2008-09 include some services provided in 2007-08. Fiscal years typically consist of 26 pay runs; however, the 2007-08 fiscal year included an additional pay run.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Lump sum retroactive payments to chiropractors in 2006-07 are included. Lump sum retroactive payments to physicians in 2006-07 and in 2007-08 and to optometrists, dentists and dental surgeons in 2007-08 are included (or excluded) in tables as footnoted. Any such payments, whether included or excluded from the data tables, are always included in the expenditure tables on pages 5 and 6.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

- (a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.
- (c) **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.
- (d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).
- (e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.
- (f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- (g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- (j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.
- (k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).
- (l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.
- (m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.
- (n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears, and resuscitation and intensive care.

- (o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.
- (p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing and assessments of ocular urgencies and emergencies when provided by an optometrist.
- (q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.
- (r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

- (a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
 - (i) **Metro** - A general practitioner who practises in Regina or Saskatoon.
 - (ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
 - (iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.
 - (iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.
 - (v) **Solo** - A general practitioner who is not working in association with another physician.

- (b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons was eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004, a foreign certified physician was eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.
Note: Psychiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

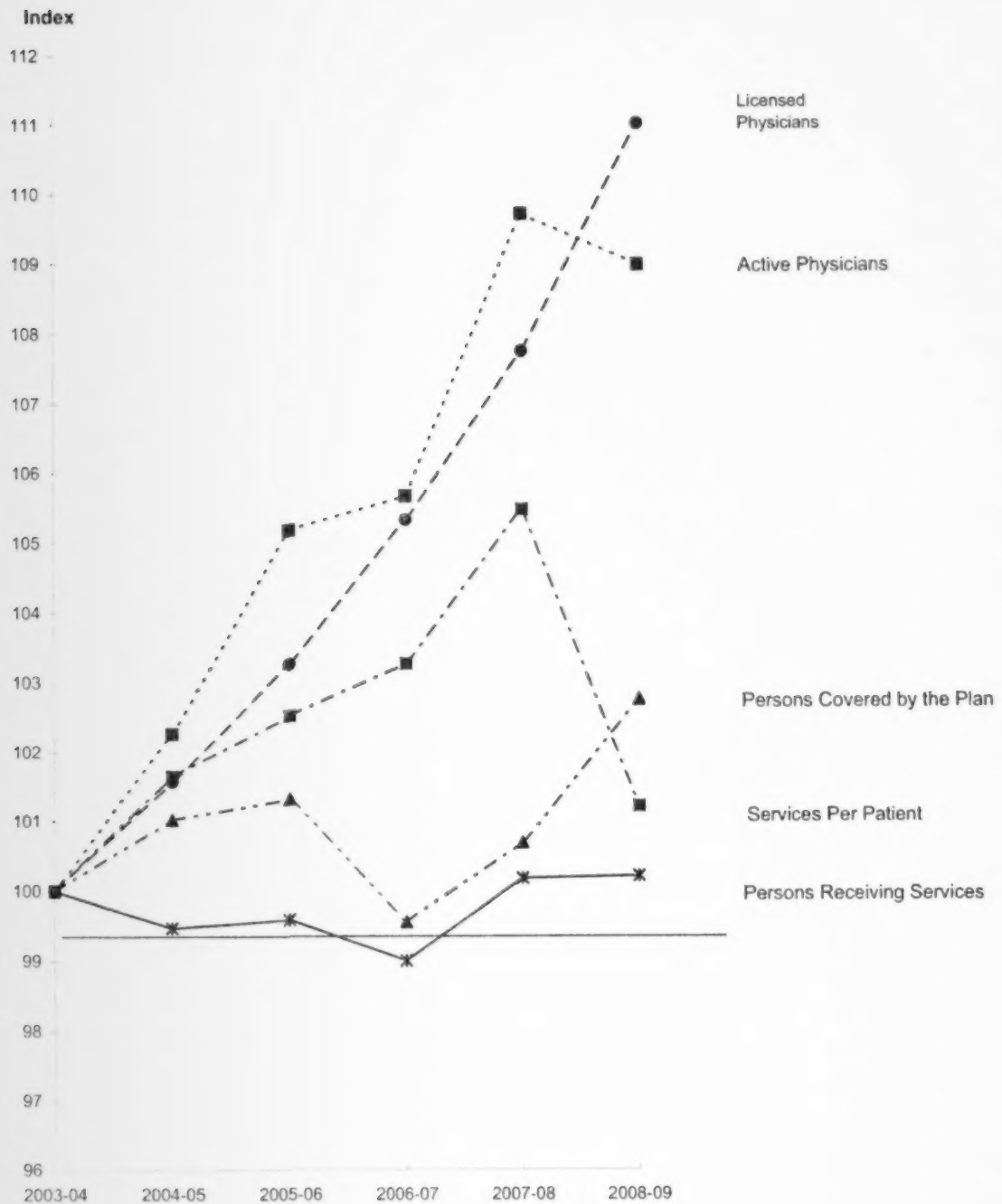
II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.

III. **Chiropractor** - A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Physician -

Physicians receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians,
Services Per Patient, and Persons Receiving Services
2003-04 to 2008-09



Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 2
Index of Services Per 1,000 Beneficiaries for
Selected Types of In-Province Physician Services
2003-04 to 2008-09

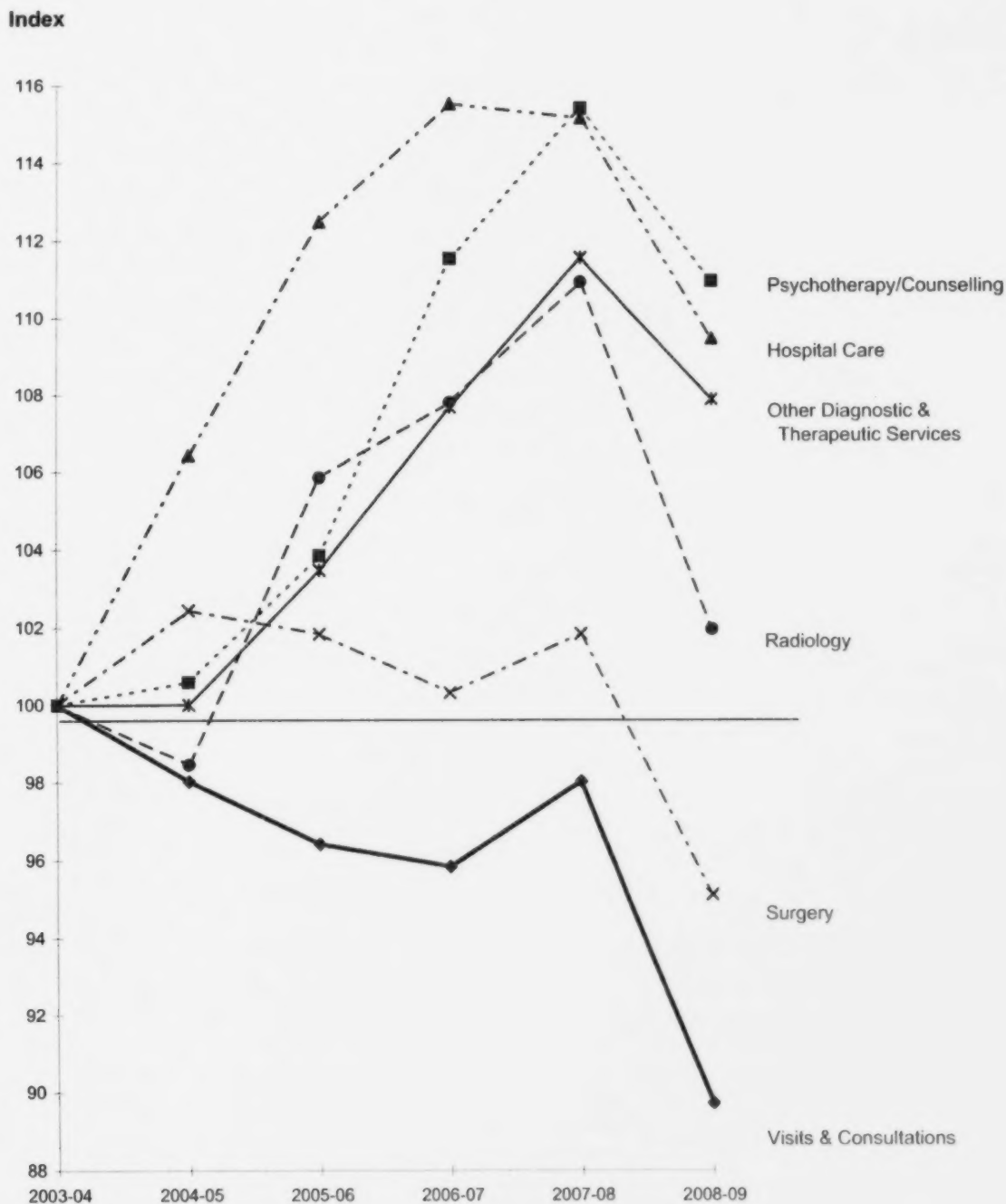


Figure 3
Per Capita Payments for Insured Services
by Age and Sex of Beneficiary

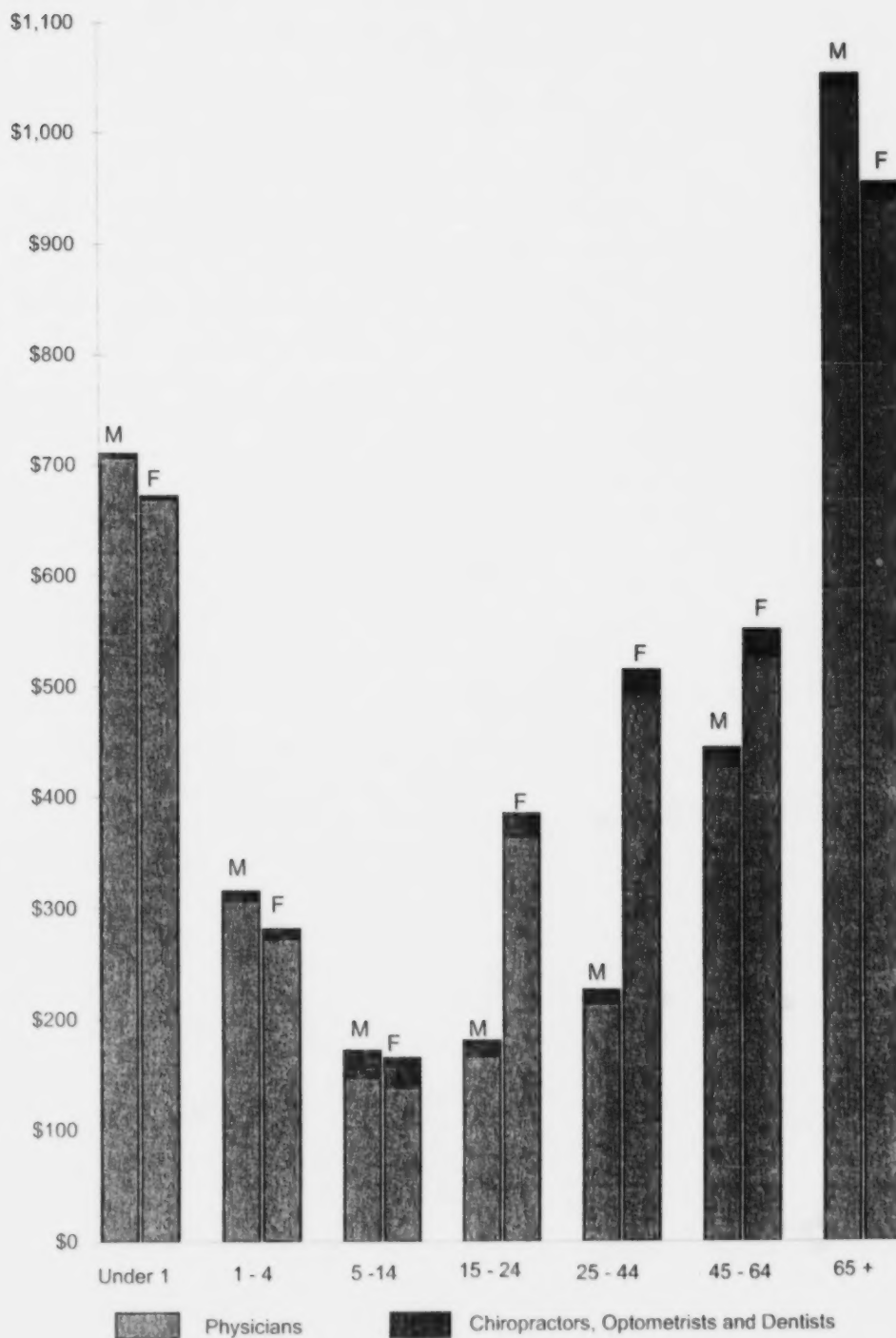


Figure 4
Map of Regional Health Authorities

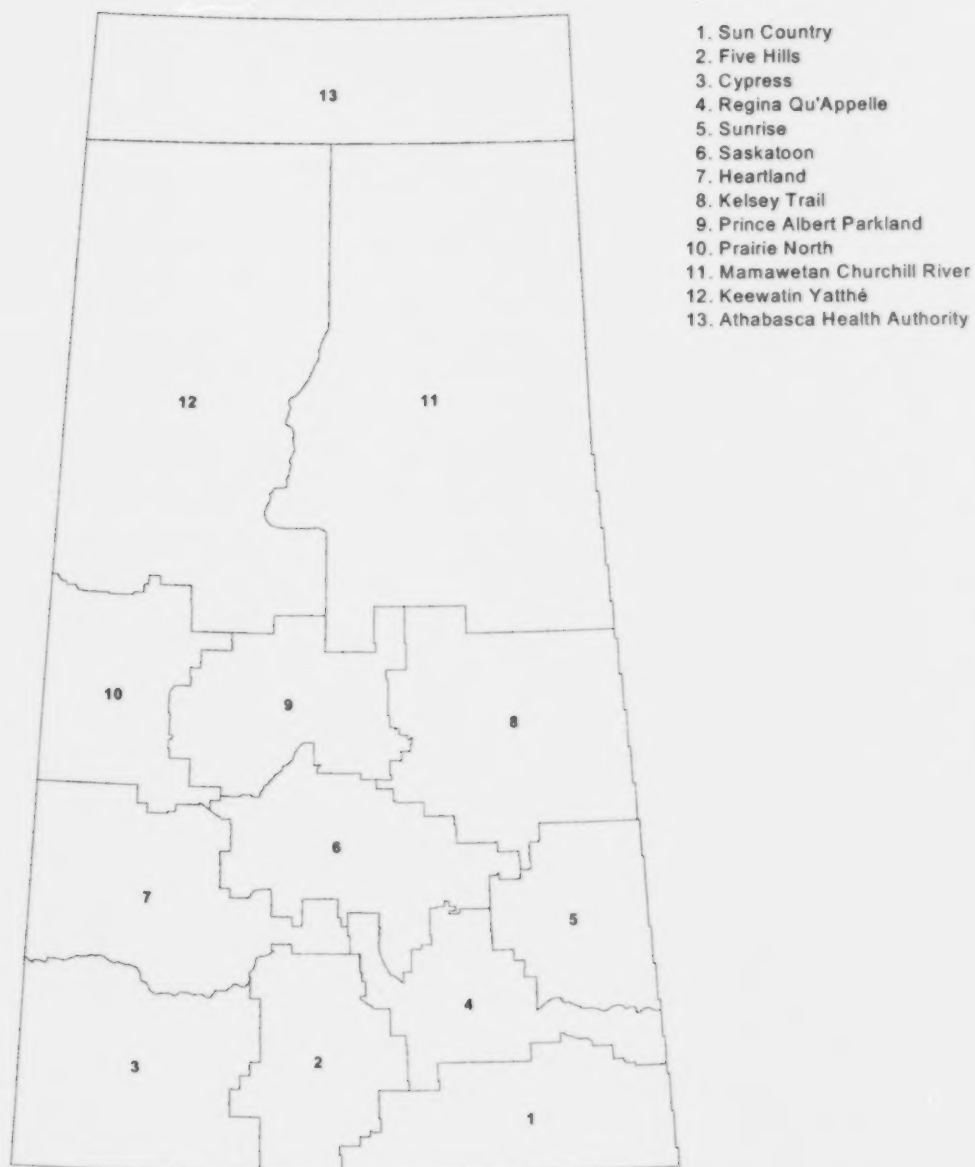


Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services ¹ (000's)	Total Per Cent Change In Per Capita Costs ²	Per Cent Change Due to Fee Schedule Increases ⁴	Per Cent Change Due to Utilization Increases ⁵
2004-05	399,491	9.77	10.02	-0.23
2005-06 ³	427,561	6.70	6.66	0.04
2006-07 ³	440,342	4.84	1.56	3.23
2007-08 ^{3,6}	478,179	3.71	4.75	-0.99
2008-09 ⁶	477,076	1.30	3.56	-2.18
Average Annual Per Cent				
Change 2004-05 to 2008-09.....	4.59	4.14	4.13	0.03

¹ All physician, chiropractic, optometric and dental insured services are included. Lump sum payments made to the SMA for distribution to physicians in lieu of retroactive amendments to the Payment Schedule are excluded. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

² Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

³ Lump sum payments in lieu of retroactive amendments to Payment Schedules made to optometrists in 2005-06, to physicians and chiropractors in 2006-07, and to physicians, optometrists, dentists and dental surgeons in 2007-08 are included.

⁴ Fee schedule increases are based on theoretical values of fee and new items increases.

⁵ The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

⁶ An adjustment was made for the extra pay run in 2007-08 prior to per capita cost and utilization calculations.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2007-08		2008-09	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	2,092	\$5,632.9	2,117	\$4,903.8
Routine Assessment on Out-of-Province Claims ¹	--	367.9	--	902.7
Special MSP Studies and Professional Review Activity ²	14	264.2	6	143.4
Third Party Liability Recoveries.....	--	2,968.2	--	2,979.3
Total.....	--	\$9,233.2	--	\$8,929.1

¹ The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, the patient's co-payment portion on on chiropractor claims and any lump sum retroactive payments to practitioners.

² The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by MSP and Professional Review Committees.

Table 3
Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid		Per Cent of Claims Paid	
	2007-08	2008-09	2007-08	2008-09
Physicians, Dentist & Dental Surgeons.....	8,313,139	7,933,524	89.02	88.85
In-Province Claims ¹	8,046,206	7,660,823	86.16	85.80
Out-of-Province Reciprocal Billing ²	265,138	270,954	2.84	3.03
Other Out-of-Province	1,795	1,747	0.02	0.02
Optometrists³.....	123,570	124,476	1.32	1.39
In-Province Claims	122,298	123,212	1.31	1.38
Out-of-Province	1,272	1,264	0.01	0.01
Chiropractors³.....	895,792	865,479	9.59	9.69
In-Province Claims	889,630	858,901	9.53	9.62
Out-of-Province	6,162	6,578	0.07	0.07
Beneficiaries.....	5,846	5,288	0.06	0.06
Total.....	9,338,347	8,928,767	100.00	100.00

¹ Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.

² Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

³ Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

Note: Data comparability is affected by the extra pay run in 2007-08.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2008		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	6,767	6,558	14,715	13,804	707,189	669,508
1 - 4	25,998	24,835	7,236	6,547	306,962	273,067
5 - 14	66,894	64,025	4,310	4,195	147,088	138,118
15 - 24	79,838	75,434	4,423	9,553	166,294	364,029
25 - 44	135,329	132,388	5,553	12,066	213,790	492,635
45 - 64	135,233	132,593	10,064	13,358	426,138	525,859
65 and over	65,727	83,925	23,718	23,446	1,037,404	937,948
All Beneficiaries.....	515,786	519,758	8,919	12,657	369,586	502,420
B. Optometrists						
Under 1	6,767	6,558	15	14	710	668
1 - 4	25,998	24,835	152	153	7,344	7,466
5 - 14	66,894	64,025	435	476	21,443	23,422
15 - 24	79,838	75,434	140	187	6,674	8,746
25 - 44	135,329	132,388	30	64	1,044	2,147
45 - 64	135,233	132,593	39	56	1,321	1,926
65 and over	65,727	83,925	46	68	1,619	2,346
All Beneficiaries.....	515,786	519,758	110	135	5,020	5,937
C. Chiropractors						
Under 1	6,767	6,558	120	91	1,761	1,390
1 - 4	25,998	24,835	65	52	1,007	788
5 - 14	66,894	64,025	161	164	2,349	2,412
15 - 24	79,838	75,434	333	577	4,458	7,730
25 - 44	135,329	132,388	793	1,341	10,405	18,056
45 - 64	135,233	132,593	1,139	1,616	14,658	20,788
65 and over	65,727	83,925	771	857	10,026	11,246
All Beneficiaries.....	515,786	519,758	682	1,000	8,920	13,192
D. Dentists						
Under 1	6,767	6,558	0	0	64	60
1 - 4	25,998	24,835	0	0	30	21
5 - 14	66,894	64,025	9	10	769	962
15 - 24	79,838	75,434	23	36	3,083	4,464
25 - 44	135,329	132,388	11	20	1,232	1,941
45 - 64	135,233	132,593	19	27	1,833	2,466
65 and over	65,727	83,925	13	14	1,203	1,266
All Beneficiaries.....	515,786	519,758	14	21	1,536	2,096

Notes: 1) Includes out-of-province services and costs.

2) Excludes payments for specialist and rural emergency coverage programs.

3) Includes optometric and chiropractic services covered by the Supplementary Health Program.

4) See "Data Limitations" on page 10.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2007-08				2008-09			
	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$ 0.00 ¹	137,715	13.6	--	<0.1	158,288	15.3	--	<0.1
\$ 0.01 - \$ 25.00.....	6,523	0.6	0.0	0.1	7,647	0.7	0.0	0.1
\$ 25.01 - \$ 50.00.....	91,321	9.0	0.6	0.9	95,487	9.2	0.7	1.0
\$ 50.01 - \$ 100.00.....	136,036	13.4	2.2	3.1	131,752	12.7	2.1	3.0
\$100.01 - \$ 250.00.....	228,482	22.5	8.5	11.4	229,921	22.2	8.4	11.4
\$250.01 - \$ 500.00.....	176,564	17.4	14.0	17.2	173,845	16.8	13.8	17.0
\$500.01 - \$1,000.00.....	123,838	12.2	19.3	21.0	124,389	12.0	19.2	21.1
\$1,000.01-\$1,500.00.....	48,033	4.7	13.1	12.9	47,525	4.6	12.8	12.7
\$1,500.01-\$2,000.00.....	26,297	2.6	10.1	8.8	25,977	2.5	9.9	8.6
\$2,000.01-\$5,000.00.....	34,336	3.4	21.8	17.8	34,819	3.4	22.0	17.8
Over \$5,000.00.....	5,504	0.5	10.4	6.8	5,894	0.6	11.0	7.2
Total	1,014,649	100.0	100.0	100.0	1,035,544	100.0	100.0	100.0
B. Optometrists Only								
\$ 0.00 ¹	908,281	89.5	--	<0.1	929,144	89.7	--	<0.1
\$ 0.01 - \$ 25.00.....	1,718	0.2	0.7	1.4	1,892	0.2	0.7	1.5
\$ 25.01 - \$ 50.00.....	90,018	8.9	79.1	72.3	12,397	1.2	9.5	9.9
Over \$50.00.....	14,632	1.4	20.2	26.3	92,111	8.9	89.7	88.6
Total	1,014,649	100.0	100.0	100.0	1,035,544	100.0	100.0	100.0
C. Chiropractors Only								
\$ 0.00 ¹	889,593	87.7	--	0.1	910,293	87.9	--	0.1
\$ 0.01 - \$ 25.00.....	26,820	2.6	3.9	3.7	27,791	2.7	4.2	4.0
\$ 25.01 - \$ 50.00.....	30,737	3.0	9.4	9.2	31,146	3.0	10.0	9.7
\$ 50.01 - \$ 100.00.....	32,075	3.2	19.9	20.1	30,592	3.0	19.3	19.5
\$100.01 - \$ 250.00.....	26,767	2.6	36.2	37.3	27,368	2.6	37.0	38.0
\$250.01 - \$ 500.00.....	7,065	0.7	20.4	20.6	6,842	0.7	19.9	20.1
Over \$500.00.....	1,592	0.2	10.2	9.1	1,512	0.1	9.6	8.6
Total	1,014,649	100.0	100.0	100.0	1,035,544	100.0	100.0	100.0

¹ The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.

2) Excludes lump sum retroactive payments made to physicians in 2007-08.

3) Excludes payments for specialist and rural emergency coverage programs.

4) Includes optometric and chiropractic services covered by the Supplementary Health Program.

5) Includes retroactive payment adjustments made to optometrists in 2007-08.

6) See "Data Limitations" on page 10. Data comparability is affected by the extra pay run in 2007-08.

Table 6
Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	6,767	8,324	100.00	14.71	707.19	11.96	574.91	48.06
	F	6,558	7,965	100.00	13.80	669.51	11.37	551.24	48.50
	T	13,325	16,289	100.00	14.27	688.64	11.67	563.34	48.27
1 - 4	M	25,998	23,590	90.74	7.24	306.96	7.97	338.30	42.42
	F	24,835	22,128	89.10	6.55	273.07	7.35	306.47	41.71
	T	50,833	45,718	89.94	6.90	290.40	7.67	322.89	42.09
5 - 9	M	32,045	24,308	75.86	4.60	159.79	6.06	210.65	34.74
	F	30,611	23,373	76.35	4.35	147.51	5.69	193.19	33.93
	T	62,656	47,681	76.10	4.48	153.79	5.88	202.09	34.36
10 - 14	M	34,849	24,433	70.11	4.04	135.41	5.77	193.14	33.48
	F	33,414	23,799	71.22	4.05	129.51	5.69	181.84	31.94
	T	68,263	48,232	70.66	4.05	132.52	5.73	187.56	32.73
15 - 19	M	40,086	28,253	70.48	4.46	167.14	6.33	237.14	37.45
	F	37,791	31,772	84.07	7.68	278.37	9.13	331.10	36.26
	T	77,877	60,025	77.08	6.02	221.12	7.81	286.88	36.72
20 - 24	M	39,752	27,558	69.32	4.38	165.44	6.32	238.64	37.75
	F	37,643	34,825	92.51	11.44	450.03	12.36	486.44	39.35
	T	77,395	62,383	80.60	7.81	303.86	9.69	376.98	38.89
25 - 29	M	36,631	25,242	68.91	4.58	171.48	6.65	248.85	37.43
	F	34,956	32,301	92.40	13.51	571.93	14.63	618.94	42.32
	T	71,587	57,543	80.38	8.94	367.02	11.13	456.60	41.04
30 - 34	M	32,648	23,296	71.36	5.27	202.70	7.39	284.08	38.45
	F	31,773	28,864	90.84	13.00	548.47	14.31	603.74	42.19
	T	64,421	52,160	80.97	9.08	373.24	11.22	460.97	41.09
35 - 39	M	31,571	22,691	71.87	5.81	225.00	8.08	313.05	38.75
	F	31,190	27,380	87.78	11.25	445.67	12.81	507.69	39.63
	T	62,761	50,071	79.78	8.51	334.67	10.67	419.48	39.33
40 - 44	M	34,479	25,071	72.71	6.62	258.98	9.10	356.16	39.13
	F	34,469	29,346	85.14	10.48	403.25	12.31	473.64	38.48
	T	68,948	54,417	78.92	8.55	331.10	10.83	419.52	38.73
45 - 49	M	40,026	30,583	76.41	7.40	297.77	9.69	389.71	40.22
	F	39,620	35,042	88.45	11.66	448.73	13.19	507.35	38.48
	T	79,646	65,625	82.40	9.52	372.86	11.56	452.53	39.16
50 - 54	M	38,555	31,282	81.14	8.93	362.46	11.01	446.73	40.59
	F	37,675	34,281	90.99	12.74	493.38	14.00	542.22	38.72
	T	76,230	65,563	86.01	10.81	427.16	12.57	496.66	39.50
55 - 59	M	31,629	27,449	86.78	11.32	495.71	13.05	571.19	43.77
	F	30,619	28,587	93.36	13.95	556.14	14.94	595.67	39.88
	T	62,248	56,036	90.02	12.61	525.43	14.01	583.68	41.66
60 - 64	M	25,023	23,069	92.19	14.47	641.65	15.70	696.00	44.33
	F	24,679	23,827	96.55	16.29	661.71	16.87	685.37	40.62
	T	49,702	46,896	94.35	15.38	651.61	16.30	690.60	42.38
65 - 69	M	18,877	17,770	94.14	17.82	827.35	18.93	878.89	46.42
	F	19,644	18,913	96.28	18.14	772.18	18.84	802.03	42.57
	T	38,521	36,683	95.23	17.98	799.22	18.89	839.26	44.44
70 - 74	M	15,591	15,100	96.85	21.35	971.60	22.04	1003.19	45.51
	F	17,312	16,774	96.89	20.92	889.29	21.59	917.81	42.52
	T	32,903	31,874	96.87	21.12	928.29	21.80	958.26	43.95
75 & Over	M	31,259	32,312	100.00	28.46	1197.08	27.53	1158.07	42.06
	F	46,969	48,185	100.00	26.60	1025.21	25.93	999.34	38.55
	T	78,228	80,497	100.00	27.34	1093.89	26.57	1063.05	40.01
Total all ages	M	515,786	410,331	79.55	8.92	369.59	11.21	464.57	41.44
	F	519,758	467,362	89.92	12.66	502.42	14.08	558.75	39.70
	T	1,035,544	877,693	84.76	10.80	436.26	12.74	514.72	40.41

¹ As at June 30, 2008.

² Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs.

2) See "Data Limitations" on page 10.

Table 7
Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2007-08 to 2008-09
	2007-08	2008-09	2007-08	2008-09	
In-Province Physician Services.....	11,089.6	10,574.4	10,930	10,211	-6.57
Consultations.....	488.4	483.7	481	467	-2.96
Major Assessments.....	511.3	466.5	504	450	-10.61
Other Assessments.....	4,377.5	4,073.9	4,314	3,934	-8.81
Psychotherapy/Counselling.....	396.8	388.9	391	376	-3.97
	5,774.1	5,413.1	5,691	5,227	-8.14
 Hospital Care.....	 619.4	 600.4	 610	 580	 -5.03
 Special Calls and Emergency.....	 275.2	 252.9	 271	 244	 -9.97
 Major Surgery.....	 114.4	 115.0	 113	 111	 -1.55
Minor Surgery.....	224.1	208.6	221	201	-8.80
Surgical Assistance.....	140.4	130.0	138	126	-9.22
Obstetrics.....	25.3	25.9	25	25	0.16
Anaesthesia	626.5	616.5	618	595	-3.58
	1,130.7	1,096.0	1,114	1,058	-5.03
 Diagnostic Radiology.....	 289.1	 271.5	 285	 262	 -7.95
Laboratory Services.....	410.5	372.5	405	360	-11.10
Other Diagnostic and Therapeutic Services.....	1,699.0	1,677.3	1,675	1,620	-3.27
Special and Miscellaneous Services.....	891.6	890.7	879	860	-2.12
	3,290.2	3,212.0	3,243	3,102	-4.35
In-Province Dental Services.....	16.3	18.1	16	17	8.40
In-Province Optometric Services.....	122.0	124.0	120	120	-0.35
Refractions by Optometrists.....	92.8	91.2	91	88	-3.64
Other Optometric Services ²	29.2	32.8	29	32	10.07
In-Province Chiropractic Services.....	882.6	852.0	870	823	-5.42
Chiropractic Visit Services.....	882.3	851.8	870	823	-5.41
Chiropractic X-Ray Services.....	0.3	0.2	0	0	-25.52
Out-of-Province Services					
Physician Services.....	568.5	604.7	560	584	4.22
Dental Services.....	0.1	0.1	—	—	—
Optometric Services.....	2.7	2.6	3	2	-6.03
Chiropractic Services.....	20.9	19.6	21	19	-8.34
All Services.....	12,702.7	12,195.4	12,519	11,777	-5.93

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) See "Data Limitations" on page 10. Data comparability is affected by the extra pay run in 2007-08.

Table 8
Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		Per Cent Change 2007-08 to 2008-09
	2007-08	2008-09	2007-08	2008-09	
In-Province Physician Services.....	433,456	429,704	427,198	414,955	-2.87
Consultations.....	48,118	50,544	47,423	48,809	2.92
Major Assessments.....	30,646	27,761	30,203	26,808	-11.24
Other Assessments.....	138,498	134,419	136,499	129,805	-4.90
Psychotherapy/Counselling.....	14,833	15,253	14,619	14,729	0.75
	232,095	227,977	228,744	220,152	-3.76
 Hospital Care.....	 14,758	 15,676	 14,545	 15,138	 4.08
Special Calls and Emergency.....	5,998	5,721	5,912	5,524	-6.55
Major Surgery.....	39,144	40,219	38,579	38,839	0.67
Minor Surgery.....	6,354	6,119	6,262	5,909	-5.63
Surgical Assistance.....	9,336	9,622	9,202	9,292	0.98
Obstetrics.....	9,310	9,872	9,175	9,533	3.90
Anaesthesia.....	25,696	26,280	25,325	25,378	0.21
	89,840	92,113	88,543	88,952	0.46
 Diagnostic Radiology.....	 12,387	 12,083	 12,208	 11,669	 -4.42
Laboratory Services.....	1,587	1,445	1,564	1,395	-10.78
Other Diagnostic and Therapeutic Services.....	57,832	59,417	56,997	57,377	0.67
Special and Miscellaneous Services ²	18,958	15,271	18,684	14,747	-21.07
	90,764	88,216	89,454	85,189	-4.77
 In-Province Dental Services.....	 1,577	 1,840	 1,554	 1,777	 14.33
 In-Province Optometric Services.....	 5,334	 5,548	 5,257	 5,358	 1.91
Refractions by Optometrists.....	4,517	4,618	4,452	4,459	0.17
Other Optometric Services ³	817	931	806	899	11.57
 In-Province Chiropractic Services.....	 11,337	 11,210	 11,173	 10,825	 -3.11
Chiropractic Visit Services.....	11,324	11,200	11,161	10,816	-3.09
Chiropractic X-Ray Services.....	12	10	12	10	-21.12
 Out-of-Province Services					
Physician Services.....	26,063	28,358	25,686	27,385	6.61
Dental Services.....	39	42	39	40	3.61
Optometric Services.....	116	127	114	122	7.25
Chiropractic Services.....	258	247	254	239	-6.08
 All Services.....	 478,179	 477,076	 471,276	 460,701	 -2.24

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program and lump sum retroactive payments to physicians in 2007-08 but excludes specialist emergency coverage program payments.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Includes retroactive payment adjustments to optometrists, dentists and dental surgeons in 2007-08.

3) Payments for services in the United States are not adjusted to reflect their value in Canadian funds.

4) See "Data Limitations" on page 10. Data comparability is affected by the extra pay run in 2007-08.

Table 9
Average Payment Per Service by Type of Service
and Type of Practitioner

Type of Service ¹	2007-08			2008-09		
	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)
In-Province Physician Services.....	29.33	56.28	39.09	30.08	58.33	40.64
Consultations.....	70.41	100.15	98.52	72.34	106.18	104.49
Major Assessments.....	57.37	70.95	59.94	56.32	74.02	59.51
Other Assessments.....	30.75	39.74	31.64	31.93	42.42	33.00
Psychotherapy/Counselling.....	32.16	52.25	37.38	32.73	60.48	39.22
	33.42	69.17	40.20	34.37	73.73	42.12
Hospital Care.....	23.32	24.53	23.83	26.37	25.74	26.11
Special Calls and Emergency.....	21.44	22.47	21.79	22.45	22.92	22.62
Major Surgery.....	232.50	347.39	342.05	248.61	354.01	349.78
Minor Surgery.....	18.87	61.22	28.36	17.56	66.81	29.34
Surgical Assistance.....	59.22	128.07	66.52	66.02	131.43	73.99
Obstetrics.....	419.66	336.98	367.70	443.59	343.08	381.40
Anaesthesia	34.87	41.79	41.01	38.32	43.14	42.63
	47.74	95.78	79.45	52.04	99.24	84.04
Diagnostic Radiology.....	0.00	42.85	42.85	0.00	44.50	44.50
Laboratory Services.....	3.79	5.31	3.87	3.84	4.53	3.88
Other Diagnostic and Therapeutic Services.....	12.37	39.78	34.04	12.79	41.20	35.42
Special and Miscellaneous Services ²	8.72	13.29	9.60	9.08	14.15	10.07
	8.29	37.40	24.43	8.67	38.67	25.50
In-Province Dental Services.....	--	--	96.48	--	--	101.76
In-Province Optometric Services.....	--	--	43.73	--	--	44.73
Refractions by Optometrists.....	--	--	48.69	--	--	50.62
Other Optometric Services ³	--	--	27.98	--	--	28.36
In-Province Chiropractic Services.....	--	--	12.84	--	--	13.16
Chiropractic Visit Services.....	--	--	12.83	--	--	13.15
Chiropractic X-Ray Services.....	--	--	38.49	--	--	40.77
Out-of-Province Services						
Physician Services.....	40.04	50.01	45.85	39.85	51.16	46.90
Dental Services.....	--	--	603.84	--	--	601.53
Optometric Services.....	--	--	43.12	--	--	49.22
Chiropractic Services.....	--	--	12.34	--	--	12.64
All Services.....	29.67	55.80	37.64	30.41	57.70	39.12

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Includes retroactive payment adjustments to optometrists, dentists and dental surgeons in 2007-08.

3) See "Data Limitations" on page 10.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2007-08	2008-09	2007-08	2008-09
In-Province Physician Services	87.30	86.71	90.65	90.07
Consultations.....	3.84	3.97	10.06	10.59
Major Assessments.....	4.02	3.82	6.41	5.82
Other Assessments.....	34.46	33.41	28.96	28.18
Psychotherapy/Counselling.....	3.12	3.19	3.10	3.20
	45.46	44.39	48.54	47.79
 Hospital Care.....	 4.88	 4.92	 3.09	 3.29
Special Calls and Emergency.....	2.17	2.07	1.25	1.20
Major Surgery.....	0.90	0.94	8.19	8.43
Minor Surgery.....	1.76	1.71	1.33	1.28
Surgical Assistance.....	1.10	1.07	1.95	2.02
Obstetrics.....	0.20	0.21	1.95	2.07
Anaesthesia.....	4.93	5.06	5.37	5.51
	8.90	8.99	18.79	19.31
Diagnostic Radiology.....	2.28	2.23	2.59	2.53
Laboratory Services.....	3.23	3.05	0.33	0.30
Other Diagnostic and Therapeutic Services.....	13.38	13.75	12.09	12.45
Special and Miscellaneous Services ²	7.02	7.30	3.96	3.20
	25.90	26.34	18.98	18.49
 In-Province Dental Services	 0.13	 0.15	 0.33	 0.39
 In-Province Optometric Services	 0.96	 1.02	 1.12	 1.16
Refractions by Optometrists.....	0.73	0.75	0.94	0.97
Other Optometric Services ³	0.23	0.27	0.17	0.20
 In-Province Chiropractic Services	 6.95	 6.99	 2.37	 2.35
Chiropractic Visit Services.....	6.95	6.98	2.37	2.35
Chiropractic X-Ray Services.....	0.00	0.00	0.00	0.00
 Out-of-Province Services				
Physician Services.....	4.48	4.96	5.45	5.94
Dental Services.....	0.00	0.00	0.01	0.01
Optometrist Services.....	0.02	0.02	0.02	0.03
Chiropractic Services.....	0.16	0.16	0.05	0.05
 All Services	 100.00	 100.00	 100.00	 100.00

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program and lump sum retroactive payments to physicians in 2007-08 but excludes specialist emergency coverage program payments.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Includes retroactive payment adjustments to optometrists, dentists and dental surgeons in 2007-08.

3) See "Data Limitations" on page 10.

Table 11
Payments (\$000's) for Out-of-Province Services by Location
and Type of Practitioner

Type of Practitioner	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners.....	9,092.0	93.3	18.4	247.8	1,147.6	6,613.5	854.5	89.2	27.8
Specialists									
Paediatricians and									
Medical Geneticists.....	1,069.9	1.8	0.9	22.2	40.8	966.1	19.0	19.0	0.0
Internists and Psychiatrists.....	2,886.2	13.2	11.1	95.4	188.1	2,322.8	147.3	105.6	2.7
Neurologists.....	238.3	0.9	0.8	8.1	25.0	178.3	7.4	17.0	0.7
Psychiatrists.....	707.0	2.5	1.0	34.1	28.7	585.0	55.1	0.7	0.0
Dermatologists.....	131.7	15.2	0.3	3.1	1.8	106.4	4.0	0.6	0.1
Anaesthetists.....	2,543.3	5.2	7.3	125.7	120.4	2,127.7	116.8	39.7	0.3
General and									
Thoracic Surgeons.....	3,165.4	4.1	2.0	58.9	214.1	2,673.5	76.0	134.2	2.7
Orthopaedic Surgeons.....	989.0	4.5	6.6	36.9	137.8	717.4	73.6	10.7	1.5
Plastic and									
Reconstructive Surgeons.....	310.1	1.0	0.2	5.3	10.9	274.6	7.4	10.8	0.0
Neurological Surgeons.....	216.9	0.0	0.4	10.6	65.9	129.0	7.5	3.6	0.1
Obstetricians and									
Gynaecologists.....	1,109.7	5.6	2.2	28.0	43.9	996.0	24.7	8.8	0.5
Urological Surgeons.....	251.5	2.3	2.1	15.4	16.2	201.3	12.3	1.8	0.1
Ophthalmologists.....	639.2	2.2	0.9	30.8	57.6	500.4	42.7	4.5	0.0
Otolaryngologists.....	472.7	1.8	0.3	13.9	9.1	418.8	24.4	4.1	0.3
Pathologists.....	2,828.0	0.9	0.2	53.4	18.9	2,644.3	85.2	24.8	0.4
Diagnostic Radiologists.....	1,750.3	2.9	1.4	36.6	169.8	1,373.1	31.2	134.9	0.3
All Physicians.....	28,401.3	157.5	56.2	826.1	2,296.5	22,828.1	1,589.1	610.1	37.6
Dentists.....	41.7	3.0	0.0	3.9	28.3	4.6	0.0	2.0	0.0
Optometrists.....	126.7	0.0	0.0	0.1	23.4	103.0	0.1	0.1	0.0
Chiropractors.....	247.4	0.2	0.2	1.1	88.6	150.1	4.3	2.7	0.1

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12

Payments (\$000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	Home Province or Territory of Beneficiary											
	Locations	New- All found- land	PEI	Nova Scotia	New Brun- swick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	4,106.2	37.7	9.4	61.8	40.4	427.7	1,166.9	1,716.7	586.9	34.1	15.1	9.6
Specialists												
Paediatricians and												
Medical Geneticists.....	190.2	1.3	0.8	1.1	0.2	16.7	57.8	90.5	17.1	3.0	0.3	1.4
Internists and Psychiatrists.....	548.0	2.1	0.4	9.0	3.9	51.9	218.2	188.3	70.5	2.0	0.8	0.8
Neurologists.....	35.5	0.2	0.0	0.2	0.0	3.6	11.3	14.6	4.7	0.1	0.8	0.0
Cardiologists.....	247.9	1.7	0.0	4.5	2.1	31.1	84.7	90.1	28.0	1.9	3.4	0.4
Psychiatrists.....	157.6	3.5	0.4	0.4	1.6	14.0	18.6	73.1	33.2	3.6	5.0	4.2
Dermatologists.....	17.5	0.0	0.0	0.5	0.3	2.6	8.0	3.7	2.0	0.1	0.2	0.2
Anaesthetists.....	466.2	1.7	1.6	5.4	3.1	29.9	163.9	207.3	45.4	4.0	1.3	2.7
General Surgeons.....	566.8	3.1	0.0	5.6	4.6	29.6	162.6	314.4	43.5	1.2	1.3	1.0
Cardiac Surgeons.....	86.2	0.1	0.0	0.0	0.0	9.7	51.8	17.3	6.2	0.0	1.1	0.0
Orthopaedic Surgeons.....	263.4	0.9	1.3	2.7	0.6	18.5	79.0	128.9	27.8	2.2	1.2	0.3
Plastic and												
Reconstructive Surgeons....	92.9	0.2	0.0	0.1	1.0	7.2	22.5	46.0	14.6	0.7	0.5	0.1
Neurological Surgeons.....	115.4	2.8	0.0	0.1	0.1	2.6	38.9	51.2	19.3	0.3	0.0	0.0
Obstetricians and												
Gynaecologists.....	496.9	1.1	0.2	1.1	1.7	26.4	295.0	136.5	30.1	2.8	0.3	1.7
Urological Surgeons.....	77.7	0.4	0.0	0.8	0.2	5.1	31.7	31.6	7.3	0.0	0.0	0.6
Ophthalmologists.....	659.8	0.7	0.0	1.7	0.4	9.8	512.7	116.1	16.9	0.6	0.7	0.2
Otolaryngologists.....	203.1	0.2	0.1	2.6	0.8	5.4	56.5	129.2	6.2	0.3	0.3	1.5
Pathologists.....	279.1	1.5	0.2	3.5	2.1	49.0	42.3	122.6	49.0	4.1	3.4	1.4
Diagnostic Radiologists.....	583.7	2.6	0.4	4.1	3.3	40.9	104.7	377.5	43.4	2.9	2.3	1.7
All Physicians.....	9,193.9	62.0	14.8	105.4	66.4	781.6	3,126.9	3,855.5	1,052.3	63.8	37.7	27.5

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces.

See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a
Payments (\$000's) for Out-of-Province Hospital Services
By Location and Type of Care

	Location of Services							United States	Rest of the World
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia		
Inpatient Treatment – High Cost Procedures									
Bone Marrow/Stem Cell Transplant.....	2,131.8	0.0	0.0	0.0	786.2	1,345.6	0.0	0.0	0.0
Lung Transplant.....	1,560.7	0.0	0.0	0.0	0.0	1,560.7	0.0	0.0	0.0
Liver Transplant.....	1,490.1	0.0	0.0	0.0	0.0	1,490.1	0.0	0.0	0.0
Intermediate/Complex Cardiovascular Paediatric.....	1,403.8	0.0	0.0	0.0	0.0	1,403.8	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement.....	1,315.8	0.0	18.3	45.1	18.0	1,201.0	33.3	0.0	0.0
Special Out-of-Country.....	1,111.3	0.0	0.0	0.0	0.0	0.0	0.0	1,111.3	0.0
Defibrillator Pacemaker Implantation.....	943.1	0.0	0.0	0.0	0.0	878.1	65.1	0.0	0.0
Heart or Heart and Lung Transplant.....	910.5	0.0	0.0	0.0	0.0	910.5	0.0	0.0	0.0
Cardiac Catheterization with or without Stent(s).....	722.7	8.0	0.0	16.4	0.0	686.9	11.4	0.0	0.0
Cochlear Implant.....	392.9	0.0	0.0	0.0	0.0	8.7	0.0	384.2	0.0
Other Pacemaker Insertion or Replacement.....	277.2	0.0	0.0	0.0	5.3	271.9	0.0	0.0	0.0
Kidney or Kidney and Pancreas Transplant.....	65.3	0.0	0.0	0.0	0.0	65.3	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	1,266.8	0.6	13.6	24.9	0.0	1,217.4	3.4	1.5	5.4
II. Neoplasms.....	4,390.1	0.0	0.0	102.6	915.6	3,281.6	44.2	44.4	1.6
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	917.8	1.0	0.0	12.2	29.2	863.9	10.6	0.8	0.2
IV. Diseases of Blood & Blood-Forming Organs.....	251.1	0.7	0.0	0.0	45.3	205.1	0.0	0.1	0.0
V. Mental Disorders.....	1,559.5	17.6	0.0	56.4	138.3	1,248.1	95.7	0.1	3.2
VI. Diseases of Nervous System & Sense Organs.....	1,056.6	0.0	0.8	80.4	22.6	942.7	9.0	0.2	0.9
VII. Diseases of the Circulatory System.....	4,170.0	6.6	0.0	65.3	83.6	3,588.8	403.9	8.6	13.2
VIII. Diseases of the Respiratory System.....	1,375.9	21.0	0.0	54.8	55.1	1,194.8	34.6	6.2	9.5
IX. Diseases of the Digestive System.....	3,113.3	18.7	2.4	65.1	146.7	2,799.5	67.1	9.4	4.5
X. Diseases of the Genitourinary System.....	863.4	0.0	0.0	35.9	101.0	696.3	27.8	1.6	0.8
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	549.8	5.3	1.5	61.4	102.2	327.4	52.0	0.0	0.0
XII. Diseases of the Skin & Subcutaneous Tissue.....	242.9	7.5	0.0	-0.9	2.8	186.7	46.2	0.4	0.2
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	1,670.5	0.0	14.1	0.7	145.0	1,382.4	125.2	2.3	0.8
XIV. Congenital Anomalies.....	2,229.6	0.0	2.2	126.1	20.4	2,073.1	7.9	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	877.4	0.0	0.0	0.0	87.7	782.9	6.9	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	1,656.5	11.8	1.5	104.9	97.2	1,409.5	26.4	1.9	3.3
XVII. Injury and Poisoning.....	5,132.0	32.3	0.0	20.5	196.4	4,675.4	187.1	9.2	11.2
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	1,620.3	7.2	0.0	15.8	231.4	1,326.4	39.5	0.0	0.0
Outpatient Treatment									
Standard Outpatient Visit.....	10,035.4	236.0	65.9	311.0	724.6	7,827.4	824.7	33.3	12.6
Day Care Surgery.....	1,346.1	1.6	6.8	43.2	246.9	982.9	63.1	1.6	0.1
Haemodialysis.....	1,202.6	1.4	0.0	17.0	6.2	1,155.3	20.5	1.5	0.6
Computerized Axial Tomography (CAT Scan).....	1,056.5	6.8	7.2	40.1	170.0	747.5	84.8	0.1	0.0
Magnetic Resonance Imaging (MRI).....	416.4	1.2	2.1	15.1	28.3	352.9	16.6	0.0	0.0
Positron Emission Tomography (PET Scan).....	212.8	0.0	0.0	1.0	58.8	150.0	3.0	0.0	0.0
Radiotherapy Services.....	359.0	0.0	0.0	29.3	13.3	274.1	42.3	0.0	0.0
Cancer Chemotherapy Visit.....	578.7	2.9	0.0	5.0	86.7	471.6	12.6	0.0	0.0
Gamma Knife, ECOM or Brachytherapy.....	1,758.0	0.0	0.0	0.0	943.0	245.0	570.0	0.0	0.0
Special Out-of-Country.....	1,418.8	0.0	0.0	0.0	0.0	0.0	0.0	1,418.8	0.0
Other Outpatient Treatment.....	1,020.5	4.2	1.6	87.8	110.6	778.6	37.9	0.0	0.0
Total.....	64,673.6	392.2	137.9	1,436.9	5,618.3	51,009.8	2,972.7	3,037.5	68.3

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases
By Location and Type of Care

		Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	Columbia	British States	United States	Rest of the World
Inpatient Treatment -- High Cost Procedures -- Cases										
Bone Marrow/Stem Cell Transplant.....	12	0	0	0	4	8	0	0	0	0
Lung Transplant.....	10	0	0	0	0	10	0	0	0	0
Liver Transplant.....	15	0	0	0	0	15	0	0	0	0
Intermediate/Complex Cardiovascular Paediatric.....	19	0	0	0	0	19	0	0	0	0
Cardiac Surgery with or without Valve Replacement.....	62	0	3	5	2	45	7	0	0	0
Special Out-of-Country.....	14	0	0	0	0	0	0	14	0	0
Defibrillator Pacemaker Implantation.....	25	0	0	0	0	23	2	0	0	0
Heart or Heart and Lung Transplant.....	9	0	0	0	0	9	0	0	0	0
Cardiac Catheterization with or without Stent(s).....	41	1	0	3	0	34	3	0	0	0
Cochlear Implant.....	5	0	0	0	0	5	0	0	0	0
Other Pacemaker Insertion or Replacement.....	13	0	0	0	1	12	0	0	0	0
Kidney or Kidney and Pancreas Transplant.....	2	0	0	0	0	2	0	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases										
I. Infectious & Parasitic Diseases.....	80	1	1	1	0	52	2	6	17	0
II. Neoplasms.....	313	0	0	19	28	254	7	4	1	0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	102	1	0	3	6	84	4	3	1	0
IV. Diseases of Blood & Blood-Forming Organs.....	32	1	0	0	6	24	0	1	0	0
V. Mental Disorders.....	177	4	0	8	23	126	12	1	3	0
VI. Diseases of Nervous System & Sense Organs.....	174	0	1	4	10	148	8	1	2	0
VII. Diseases of the Circulatory System.....	440	3	0	7	17	342	30	26	15	0
VIII. Diseases of the Respiratory System.....	326	5	0	9	14	250	12	17	19	0
IX. Diseases of the Digestive System.....	453	3	1	14	39	342	17	26	11	0
X. Diseases of the Genitourinary System.....	172	0	0	4	23	127	9	6	3	0
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	212	2	1	12	36	145	16	0	0	0
XII. Diseases of the Skin & Subcutaneous Tissue.....	45	1	0	0	2	34	4	2	2	0
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	285	0	2	3	40	226	8	4	2	0
XIV. Congenital Anomalies.....	122	0	1	9	7	104	1	0	0	0
XV. Certain Conditions Originating in the Perinatal Period.....	58	0	0	0	14	43	1	0	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	267	2	1	12	22	207	15	12	16	0
XVII. Injury and Poisoning.....	523	6	0	8	35	404	34	23	13	0
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	588	1	0	5	60	509	13	0	0	0
Outpatient Treatment -- Services										
Standard Outpatient Visit.....	49,061	1,239	336	1,533	3,826	37,270	3,897	673	287	0
Day Care Surgery.....	1,708	3	9	58	327	1,216	78	16	1	0
Haemodialysis.....	2,800	3	0	43	32	2,636	44	30	12	0
Computerized Axial Tomography (CAT Scan).....	1,878	17	16	73	310	1,305	156	1	0	0
Magnetic Resonance Imaging (MRI).....	643	2	3	23	46	544	25	0	0	0
Positron Emission Tomography (PET Scan).....	170	0	0	1	47	120	2	0	0	0
Radiotherapy Services.....	1,264	0	0	100	50	965	149	0	0	0
Cancer Chemotherapy Visit.....	592	3	0	5	85	487	12	0	0	0
Gamma Knife, ECMO or Brachytherapy.....	140	0	0	0	72	18	50	0	0	0
Special Out-of-Country.....	417	0	0	0	0	0	0	417	0	0
Other Outpatient Treatment.....	8,038	113	39	18	1,831	5,601	436	0	0	0
Total.....	71,327	1,411	414	1,980	7,015	53,765	5,054	1,283	405	0

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon (Manitoba) are not included.

4) Any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments (\$000's) for Out-of-Province Residents Hospitalized
In Saskatchewan By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary						British Columbia
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta		
Inpatient Treatment – High Cost Procedures								
Cardiac Catheterization with or without Stent(s).....	409.5	18.0	0.0	51.2	173.3	152.0	15.1	
Cardiac Surgery with or without Valve Replacement.....	123.1	0.0	0.0	0.0	94.4	0.0	28.7	
Pacemaker Insertion or Replacement.....	54.5	6.4	0.0	10.3	21.9	3.5	12.3	
Bone Marrow/Stem Cell Transplant.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Kidney Transplant.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis								
I. Infectious & Parasitic Diseases.....	346.1	4.1	0.0	75.7	64.3	159.3	42.7	
II. Neoplasms.....	821.6	1.3	0.0	36.7	522.9	224.5	36.2	
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	102.1	4.3	0.0	22.8	18.4	39.8	16.7	
IV. Diseases of Blood and Blood-Forming Organs.....	130.2	12.3	5.9	1.9	26.9	69.1	14.1	
V. Mental Disorders.....	2,556.6	43.0	61.8	236.5	326.5	1,513.8	375.0	
VI. Diseases of the Nervous System & Sense Organs.....	272.3	15.5	0.0	5.8	116.1	89.2	45.8	
VII. Diseases of the Circulatory System.....	2,146.8	79.9	74.2	178.3	755.3	736.2	323.0	
VIII. Diseases of the Respiratory System.....	874.4	46.5	7.6	24.0	399.5	311.5	85.3	
IX. Diseases of the Digestive System.....	1,374.6	65.9	4.0	109.2	596.3	413.0	186.2	
X. Diseases of the Genitourinary System.....	544.1	2.8	8.0	59.3	176.7	182.6	114.7	
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	955.1	17.0	11.6	56.7	435.0	367.4	67.5	
XII. Diseases of the Skin and Subcutaneous Tissue.....	208.6	2.2	16.3	27.0	73.3	79.2	10.6	
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	382.4	0.0	0.0	36.8	196.0	97.0	52.7	
XIV. Congenital Anomalies.....	96.3	0.0	0.0	0.0	11.5	4.4	80.4	
XV. Certain Conditions Originating in the Perinatal Period.....	397.3	58.8	0.0	5.3	55.8	276.2	1.3	
XVI. Symptoms, Signs, and Ill-defined Conditions.....	1,228.5	83.9	1.6	99.9	564.8	296.1	182.3	
XVII. Injury and Poisoning	1,935.9	99.5	104.0	83.8	595.7	739.2	313.7	
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	739.6	13.9	6.1	173.8	350.8	138.2	56.9	
Outpatient Treatment								
Standard Outpatient Visit.....	6,447.1	298.4	66.5	582.2	1,941.9	2,683.6	874.4	
Day Care Surgery.....	1,183.9	21.7	1.8	25.3	789.1	293.0	53.0	
Haemodialysis.....	149.7	0.0	1.0	-2.9	26.1	73.3	52.2	
Computerized Axial Tomography (CAT Scan).....	243.1	13.0	3.9	28.9	94.5	75.9	26.7	
Magnetic Resonance Imaging (MRI).....	76.2	2.5	0.6	5.9	27.5	29.5	10.4	
Radiotherapy Services.....	49.8	2.7	0.0	-5.3	36.0	16.2	0.3	
Cancer Chemotherapy Visit.....	100.6	0.0	0.0	3.2	11.1	72.2	14.2	
Other Outpatient Treatment.....	59.6	2.4	0.2	5.5	9.8	34.8	6.9	
Total.....	24,009.8	916.0	375.1	1,937.8	8,511.2	9,170.6	3,099.2	

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b**Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care**

	Home Province or Territory of Beneficiary						British Columbia
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	
Inpatient Treatment -- High Cost Procedures -- Cases							
Cardiac Catheterization with or without Stent(s).....	37	2	0	3	14	17	1
Cardiac Surgery with or without Valve Replacement.....	4	0	0	0	3	0	1
Pacemaker Insertion or Replacement.....	5	1	0	1	2	0	1
Bone Marrow/Stem Cell Transplant.....	0	0	0	0	0	0	0
Kidney Transplant.....	0	0	0	0	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases							
I. Infectious & Parasitic Diseases.....	64	1	0	10	19	26	8
II. Neoplasms.....	95	1	0	3	53	31	7
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	25	2	0	1	6	13	3
IV. Diseases of Blood and Blood-Forming Organs.....	22	1	1	2	7	9	2
V. Mental Disorders.....	223	11	2	19	38	124	29
VI. Diseases of the Nervous System & Sense Organs.....	52	3	0	3	25	16	5
VII. Diseases of the Circulatory System.....	288	14	4	22	127	85	36
VIII. Diseases of the Respiratory System.....	219	8	4	9	82	93	23
IX. Diseases of the Digestive System.....	313	15	2	21	121	116	38
X. Diseases of the Genitourinary System.....	143	2	3	4	64	60	10
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	291	4	4	14	143	106	20
XII. Diseases of the Skin and Subcutaneous Tissue.....	34	1	1	2	14	14	2
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	83	0	0	6	41	27	9
XIV. Congenital Anomalies.....	12	0	0	0	6	2	4
XV. Certain Conditions Originating in the Perinatal Period.....	67	1	0	2	42	21	1
XVI. Symptoms, Signs, and Ill-defined Conditions.....	307	10	1	23	124	106	43
XVII. Injury and Poisoning	318	12	7	20	96	130	53
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	265	6	2	20	139	76	22
Outpatient Treatment -- Services							
Standard Outpatient Visit.....	29,463	1,396	306	2,690	8,879	12,253	3,939
Day Care Surgery.....	1,454	29	2	34	965	359	65
Haemodialysis.....	362	0	2	23	56	155	126
Computerized Axial Tomography (CAT Scan).....	425	23	6	47	169	132	48
Magnetic Resonance Imaging (MRI).....	118	4	1	10	42	45	16
Radiotherapy Services.....	221	10	0	0	155	55	1
Cancer Chemotherapy Visit.....	118	0	0	3	30	71	14
Other Outpatient Treatment.....	1,440	62	5	123	252	828	170
Total.....	36,468	1,619	353	3,115	11,714	14,970	4,697

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service ¹ (000'S)	Type of Physician								
	Paedia- Internists			Neur- ologists	Cardio- logists	Psychia- trists	Derma- tologists	General Surgeons	Cardiac Surgeons
	General Practi- tioners	tricians and Medical Geneticists	Physia- trists						
Visits									
Consultations.....	24.2	26.8	99.5	19.0	22.1	7.3	14.0	60.3	3.1
Special Eye Examination.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments									
Chronic Disease Mgmt Base ²	46.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chronic Disease Mgmt Add-ons...	55.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Major Assessments.....	280.4	13.3	14.4	0.7	1.7	4.6	2.0	4.3	0.0
Other Assessments.....	3,659.1	31.5	69.7	4.1	10.1	12.4	11.8	46.0	1.3
Hospital Care Days.....	350.8	31.5	144.5	7.9	23.6	10.2	0.0	20.9	0.2
Special Calls and Emergency									
Surcharges.....	158.1	6.5	15.9	2.1	3.1	1.3	0.3	14.0	0.3
Premiums.....	3.3	0.3	0.6	0.1	0.2	0.1	0.0	0.1	0.0
Psychotherapy/Counselling									
Base Time ²	180.1	0.5	0.1	0.0	0.0	56.5	0.0	0.1	0.0
Additional Time.....	102.6	0.2	0.1	0.0	0.0	46.1	0.0	0.1	0.0
Major Surgery.....	4.6	0.0	0.3	0.3	0.0	0.0	0.1	17.0	7.5
Minor Surgery.....	158.7	0.2	0.2	0.0	0.2	0.0	8.9	7.0	0.2
Surgical Assistance.....	114.2	0.0	0.0	0.0	0.0	0.0	0.0	5.5	0.9
Obstetrics.....	9.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative.....	61.5	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals.....	4.0	0.0	0.3	0.1	0.0	0.0	0.0	0.1	0.0
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services.....	352.7	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound.....	1.9	1.7	15.5	0.0	37.4	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services.....	339.2	134.2	344.9	9.8	122.9	10.0	16.2	50.1	0.4
Special Services.....	148.0	0.1	0.1	0.0	0.0	0.0	0.7	11.6	0.0
Miscellaneous Services ³	567.6	11.1	21.4	3.4	4.5	9.0	1.2	22.8	1.6
Total Services.....	6,622.6	257.8	730.4	47.5	225.8	157.6	55.4	259.8	15.4

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

² Represents the number of instances these types of services were provided during the year.

³ This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation and the fee code for Saskatchewan Surgical Care Network prioritization form completion.

Note: See "Data Limitations" on page 10.

Table 15
(Continued)

Type of Physician									Total Services
Ortho- paedic Surgeons	Plastic and Recon- structive Surgeons	Neuro- logical Surgeons	Obstetri- cians and Gynaeco- logists	Urological Surgeons	Ophthal- mologists	Otolaryn- gologists	Anaes- thetists	Pathologists and Diagnostic Radiologists	
36.7	18.7	8.0	46.1	13.6	44.7	28.0	11.6	0.3	483.7
0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.9
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	46.4
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	55.4
0.7	0.1	0.1	7.8	3.4	22.5	7.4	0.0	0.1	363.7
41.0	15.7	3.5	59.4	6.5	74.6	24.2	3.0	0.0	4,073.9
2.0	0.4	2.7	4.1	1.1	0.3	0.4	0.0	0.0	600.4
4.7	1.6	1.3	8.0	0.6	1.1	1.0	15.8	0.3	236.1
0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.1	0.0	16.8
0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0	238.7
0.0	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	150.2
18.2	8.9	4.4	6.7	4.8	33.9	8.3	0.0	0.0	115.0
1.5	9.7	0.1	1.4	1.1	12.8	6.6	0.0	0.0	208.6
1.2	0.7	1.2	4.4	1.7	0.0	0.1	0.0	0.1	130.0
0.0	0.0	0.0	16.0	0.0	0.0	0.0	0.0	0.0	25.9
0.0	0.0	0.0	0.0	0.0	0.0	0.0	520.0	0.0	584.6
0.1	0.0	0.1	0.0	0.0	0.0	0.0	26.9	0.4	31.9
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	271.5	271.5
0.0	0.0	0.0	19.5	0.0	0.0	0.0	0.0	0.0	372.5
0.0	0.0	0.0	17.6	0.7	11.5	0.0	0.2	119.6	206.2
14.5	3.6	1.0	21.8	9.5	262.5	96.7	9.3	24.7	1,471.1
0.0	0.7	0.0	17.8	0.0	0.0	0.0	0.0	0.0	179.0
15.6	2.5	2.1	21.3	6.0	11.4	9.8	0.1	0.5	711.7
136.3	62.6	24.3	254.5	48.9	476.2	182.5	599.1	417.7	10,574.4

Table 16
Selected In-Province Medical Procedures --
Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2007-08 to 2008-09
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	420,320	161.93	9,733.00	405.89	-4.30
Allergy Investigations and Hyposensitization Injections.....	277,029	9.16	580.19	267.52	-5.01
Submission of Papanicolaou Smear.....	116,483	205.91 ^f	2,942.37 ^f	224.11 ^f	-6.03
Artificial Extra Corporeal Haemodialysis.....	80,888	0.97	3,655.74	78.11	-6.77
Plantar Wart Excision or Fulguration.....	30,010	12.84	484.83	28.98	-2.78
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	28,540	22.53	1,344.75	27.56	-4.54
Pulmonary Function Studies.....	27,990	16.44	1,088.40	27.03	-4.23
Optical Coherence Tomography.....	21,687	16.78	854.62	20.94	0.90
Colonoscopy.....	21,669	20.30	3,644.11	20.93	-1.72
Arthrocentesis - Joint Injections					
Shoulder, Elbow, Knee.....	20,911	12.59	323.39	20.19	0.29
Upper GI Endoscopy.....	16,185	13.37	1,874.57	15.63	-5.25
Suturing of Wounds.....	14,271	13.13	878.59	13.78	-30.00
Delivery - Vaginal.....	9,556	18.16 ^f	12,298.51 ^f	18.39 ^f	-3.15
- Caesarean.....	2,867	5.50 ^f	3,691.69 ^f	5.52 ^f	6.53
Cataract Extraction.....	12,136	8.08	5,391.98	11.72	-4.92
Psychological Testing.....	9,312	4.32	348.55	8.99	4.75
Cystoscopy.....	9,248	7.45	810.78	8.93	-4.29
Coronary Angiography.....	5,706	4.69	918.94	5.51	0.28
Fractures, Open Surgical or Closed Reduction.....	5,622	4.60	2,002.74	5.43	-3.60
Cardiac Catheterization.....	5,319	4.26	638.53	5.14	3.16
Angioplasty.....	4,462	2.05	1,550.24	4.31	0.97
Sigmoidoscopy.....	4,455	3.85	234.27	4.30	-10.30
Hernia Repair.....	3,930	3.33	1,428.15	3.80	-5.97
Electroencephalograms or Echoencephalograms.....	3,496	2.89	86.40	3.38	-5.50
Arthroplasty - Hip or Total Hip Replacement.....	1,559	1.41	1,177.29	1.51	-3.20
- Knee or Total Knee Replacement.....	1,811	1.60	1,311.93	1.75	3.23
Arthroscopy.....	3,230	2.89	411.69	3.12	-8.93
Gall Bladder or Other Biliary Tract Surgery.....	2,452	2.33	1,328.50	2.37	-9.37
Vasectomy.....	1,899	3.66 ^m	861.15 ^m	3.68 ^m	0.07
Therapeutic Abortion.....	1,831	3.40 ^f	532.87 ^f	3.52 ^f	1.08
Tonsillectomy (With or Without Adenoidectomy).....	1,645	1.59	396.12	1.59	-7.58
Hysterectomy - Abdominal or vaginal.....	1,463	2.81 ^f	1,274.92 ^f	2.81 ^f	-10.51
Tubal Ligation.....	1,276	2.44 ^f	485.53 ^f	2.45 ^f	-8.46
Dilatation and Curettage.....	1,139	2.14 ^f	325.92 ^f	2.19 ^f	-1.71
Septoplasty or Submucous Resection.....	1,021	0.98	343.49	0.99	-11.90
Electroconvulsive Therapy.....	974	0.15	64.24	0.94	5.34
Appendectomy.....	943	0.91	370.88	0.91	7.44
Varicose Veins (Ligation).....	906	0.34	122.85	0.87	-30.40
Genital Prolapse Repair.....	845	1.34 ^f	522.25 ^f	1.63 ^f	-7.69
Prostatectomy (With or Without Vasectomy).....	775	1.48 ^m	1,325.11 ^m	1.50 ^m	-1.74
Coronary By-Pass.....	742	0.71	2,116.50	0.72	-10.70

^f Rate per 1,000 female beneficiaries.

^m Rate per 1,000 male beneficiaries.

Note: See "Data Limitations" on page 10. Data comparability is affected by the extra pay run in 2007-08.

Table 17
Selected In-Province Medical Conditions --
Patients, Services and Payments

Conditions	I.C.D. ¹	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis.....	V70	416	194.8	14,623	401
Hypertension.....	401 - 405	342	127.8	10,111	330
Acute Upper Respiratory Infection (Except Influenza).....	460 - 465	333	191.6	10,170	321
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	332	79.0	12,810	320
Diabetes Mellitus.....	250	254	50.4	7,283	245
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	201	78.0	8,401	194
Ischaemic Heart Disease.....	410 - 414	190	31.0	12,809	184
Psychoses.....	295 - 299	175	19.0	6,218	169
Arthritis.....	710 - 716	160	55.1	7,064	155
Rheumatic Disease.....	725 - 729	154	79.9	5,712	148
Neuroses.....	300	125	52.7	4,085	121
Cataract.....	366	119	18.0	8,032	115
Otitis Media.....	381 & 382	114	50.6	3,839	110
Symptomatic Heart Disease.....	428 & 429	114	23.1	4,566	110
Glaucoma.....	365	113	19.2	3,257	110
Asthma.....	493	111	35.6	2,468	107
Vertebrogenic Pain Syndrome.....	724	111	49.2	4,766	107
Cardiac Disrhythmias.....	427	106	20.8	3,861	102
Eczema.....	690 - 692	105	52.3	2,703	101
Bronchitis.....	466, 490 & 491	95	57.5	2,950	91
Diarrheal Disease.....	009	69	36.6	2,599	67
Pneumonia.....	480 - 486	67	15.8	2,322	65
Hay Fever.....	477	63	7.4	552	60
Disorders of Menstruation.....	Z082 & 626	62	48.8 ^f	4,210 ^f	119 ^f
Cerebrovascular Disease.....	430 - 438	62	8.0	2,450	60
Chronic Airways Obstruction.....	496	60	11.9	2,064	58
Cellulitis and Abscess.....	681 & 682	59	25.8	1,934	57
Anaemias.....	280 - 285	51	17.7	1,959	50
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	48	38.4 ^f	2,769 ^f	92 ^f
Myxedema.....	244	46	25.1	1,241	45
Gastritis and Duodenitis.....	535	26	15.3	821	25
Migraine.....	346	24	11.9	783	23
Menopausal Symptoms.....	627	20	19.9 ^f	1,206 ^f	38 ^f
Varicose Veins of Lower Extremity.....	454	20	4.4	641	20
Hyperkinetic Syndrome of Childhood (ADHD).....	314	19	4.6	823	18
Alzheimer's Disease and Other Cerebral Degenerations.....	331	18	2.4	587	18
Disorders of Functions of Stomach.....	536 & 537	15	9.6	540	15
Epilepsy.....	345	12	3.9	410	11
Multiple Sclerosis.....	340	12	2.1	438	12
Influenza.....	487	11	8.7	302	10
Alcoholic Psychosis and Alcoholism.....	291 & 303	11	3.4	383	11
Obesity.....	278	10	5.8	449	10
Ulcers of Duodenum and Stomach.....	531 - 534	7	3.9	273	7

¹ Ninth Revision International Classification of Diseases, 1977.

² MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

^f Rate per 1,000 female beneficiaries.

Notes: 1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

2) See "Data Limitations" on page 10.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2003-04 ¹	341	7.6	140	8.6	234	19.2
Still Practising in 2004-05 ²	315		128		189	
Practising in 2004-05 ¹	356	9.3	146	6.8	230	19.1
Still Practising in 2005-06 ²	323		136		186	
Practising in 2005-06 ¹	370	11.9	150	13.3	231	18.6
Still Practising in 2006-07 ²	326		130		188	
Practising in 2006-07 ¹	370	10.8	152	12.5	230	17.8
Still Practising in 2007-08 ²	330		133		189	
Practising in 2007-08 ¹	401	16.5	159	11.9	227	15.4
Still Practising in 2008-09 ²	335		140		192	
Practising in 2008-09 ¹	378		159		243	

	All General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2003-04 ¹	715	11.6	500	10.2	1,215	11.0
Still Practising in 2004-05 ²	632		449		1,081	
Practising in 2004-05 ¹	732	11.9	513	9.0	1,245	10.7
Still Practising in 2005-06 ²	645		467		1,112	
Practising in 2005-06 ¹	751	14.2	521	10.0	1,272	12.5
Still Practising in 2006-07 ²	644		469		1,113	
Practising in 2006-07 ¹	752	13.3	529	7.9	1,281	11.1
Still Practising in 2007-08 ²	652		487		1,139	
Practising in 2007-08 ¹	787	15.2	566	7.6	1,353	12.0
Still Practising in 2008-09 ²	667		523		1,190	
Practising in 2008-09 ¹	780		580		1,360	

¹ Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

² Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2008-09 was 170, the difference between "Practising" (1,360) and "Still Practising" (1,190).

2) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

3) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

5) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician ² (000's)		Average Patient Contacts Per Physician ³ (000's)		Per Cent of Beneficiaries Treated	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
General Practitioner⁴	784	769	1.3	1.3	2.5	2.4	6.1	5.8	82.4	80.6
Specialists⁴										
Paediatricians and										
Medical Geneticists.....	43	41	23.6	25.3	1.2	1.1	2.4	2.3	4.0	3.5
Internists and Psychiatrists.....	105	105	9.7	9.9	1.9	1.9	4.2	4.0	13.3	13.0
Neurologists.....	12	12	84.6	86.3	2.0	1.9	2.8	2.7	2.3	2.0
Cardiologists.....	20	20	50.7	51.8	3.7	3.8	3.8	3.8	4.7	4.7
Psychiatrists.....	40	41	25.4	25.3	0.4	0.4	2.0	1.9	1.6	1.5
Dermatologists.....	4	4	253.7	258.9	4.4	4.3	8.0	7.9	1.7	1.7
Anaesthetists.....	85	85	11.9	12.2	0.9	0.9	1.1	1.0	6.0	5.6
General Surgeons.....	58	60	17.5	17.3	1.3	1.3	2.7	2.6	6.6	0.6
Cardiac Surgeons.....	7	7	144.9	147.9	0.6	0.6	1.0	1.0	0.3	0.3
Orthopaedic Surgeons.....	33	32	30.7	32.4	1.3	1.3	2.6	2.6	3.9	3.9
Plastic and										
Reconstructive Surgeons....	12	14	84.6	74.0	1.5	1.5	2.7	2.9	1.7	1.9
Neurological Surgeons.....	10	10	101.5	103.6	0.8	0.9	1.4	1.6	0.8	0.8
Obstetricians and										
Gynaecologists.....	42	46	24.2	22.5	1.4	1.4	3.0	2.8	4.5	4.4
Urological Surgeons.....	13	13	78.0	79.7	1.7	1.7	2.7	2.5	1.9	1.8
Ophthalmologists.....	27	25	37.6	41.4	3.0	3.2	6.6	6.8	7.5	7.1
Otolaryngologists.....	14	14	72.5	74.0	2.8	2.7	5.1	4.9	3.7	3.5
Pathologists and										
Diagnostic Radiologists.....	48	50	21.1	20.7	5.3	5.0	0.2	0.2	19.5	18.9
All Specialists⁴	573	579	1.8	1.8	1.9	1.8	2.8	2.7	44.2	43.1
All Physicians⁴	1,357	1,348	0.7	0.8	2.2	2.1	4.7	4.5	84.3	82.7
Licensed Physicians ⁵	1,782	1,836	0.6	0.6	--	--	--	--	--	--

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² The size of practice is the number of different persons on whose behalf a claim was paid during the year.

³ A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20
Physicians by Size of Practice

Type of Physician ¹	Number of Physicians ²	Size of Practice by Range of Patients ³							
		Less than 501	501- 1,000	1,001- 1,500	1,501- 2,000	2,001- 2,500	2,501- 3,000	3,001- 3,500	More than 3,500
General Practitioners									
Metro Association.....	306	13	17	52	54	35	29	24	82
Metro Solo.....	67	15	18	13	8	6	3	1	3
Urban Association.....	124	2	8	26	16	16	10	15	31
Urban Solo.....	31	1	2	5	7	7	5	0	4
Rural Association.....	194	1	9	38	37	44	38	17	10
Rural Solo.....	47	2	8	14	8	10	2	3	0
All General Practitioners 2008-09.....	769	34	62	148	130	118	87	60	130
All General Practitioners 2007-08.....	784	28	65	130	145	117	78	68	153
Specialists									
Paediatricians and									
Medical Geneticists.....	41	7	23	5	2	0	2	0	2
Internists and Physiatrists.....	105	8	27	22	7	9	9	7	16
Neurologists.....	12	1	2	3	1	2	1	0	2
Cardiologists.....	20	0	0	1	1	2	4	3	9
Psychiatrists.....	41	29	10	1	1	0	0	0	0
Dermatologists.....	4	0	0	0	0	1	1	0	2
Anaesthetists.....	85	7	46	29	1	2	0	0	0
General Surgeons.....	60	8	13	16	18	4	1	0	0
Cardiac Surgeons.....	7	1	6	0	0	0	0	0	0
Orthopaedic Surgeons.....	32	0	6	15	8	3	0	0	0
Plastic and Reconstructive Surgeons.....	14	0	4	4	2	3	1	0	0
Neurological Surgeons.....	10	2	6	2	0	0	0	0	0
Obstetricians and Gynaecologists.....	46	6	13	7	9	10	0	1	0
Urological Surgeons.....	13	0	2	3	6	1	0	1	0
Ophthalmologists.....	25	0	1	2	2	2	6	2	10
Otolaryngologists.....	14	0	1	2	3	1	1	2	4
Pathologists and									
Diagnostic Radiologists.....	50	3	6	3	4	5	5	4	20
All Specialists 2008-09.....	579	72	166	115	65	45	31	20	65
All Specialists 2007-08.....	573	71	152	129	55	53	26	21	66
All Physicians 2008-09.....	1,348	106	228	263	195	163	118	80	195
All Physicians 2007-08.....	1,357	99	217	259	200	170	104	89	219

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1- 2,000	2,001- 4,000	4,001- 6,000	6,001- 8,000	8,001- 10,000	10,001- 12,000	Over 12,000
General Practitioners								
Metro Association.....	306	28	85	53	72	26	24	18
Metro Solo.....	67	31	5	8	9	6	4	4
Urban Association.....	124	12	21	28	22	23	10	8
Urban Solo.....	31	5	6	1	7	8	2	2
Rural Association.....	194	16	55	51	29	22	11	10
Rural Solo.....	47	4	10	12	10	6	1	4
All General Practitioners 2008-09.....	769	96	182	153	149	91	52	46
All General Practitioners 2007-08.....	784	96	176	140	152	104	62	54
Specialists								
Paediatricians and Medical Geneticists...	41	27	9	2	0	2	0	1
Internists and Psychiatrists.....	105	34	29	22	9	6	1	4
Neurologists.....	12	6	4	1	1	0	0	0
Cardiologists.....	20	2	11	5	1	0	1	0
Psychiatrists.....	41	31	6	3	0	0	0	1
Dermatologists.....	4	0	0	1	2	0	0	1
Anaesthetists.....	85	82	3	0	0	0	0	0
General Surgeons.....	60	21	32	7	0	0	0	0
Cardiac Surgeons.....	7	7	0	0	0	0	0	0
Orthopaedic Surgeons.....	32	7	24	1	0	0	0	0
Plastic and Reconstructive Surgeons.....	14	4	7	3	0	0	0	0
Neurological Surgeons.....	10	8	2	0	0	0	0	0
Obstetricians and Gynaecologists.....	46	17	16	11	2	0	0	0
Urological Surgeons.....	13	3	9	1	0	0	0	0
Ophthalmologists.....	25	1	4	3	7	7	3	0
Otolaryngologists.....	14	1	5	2	4	2	0	0
Pathologists and Diagnostic Radiologists.....	50	50	0	0	0	0	0	0
All Specialists 2008-09.....	579	301	161	62	26	17	5	7
All Specialists 2007-08.....	573	296	158	63	28	14	6	8
All Physicians 2008-09.....	1,348	397	343	215	175	108	57	53
All Physicians 2007-08.....	1,357	392	334	203	180	118	68	62

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation¹

Type of Physician ²	Number of Physi- cians ³	Canada		U.S.A.,	United	Conti- nental	Europe	Asia	Africa	Australia
		Sask.	Other Prov.	and South America	Kingdom and Eire					
General Practitioners										
Metro Association.....	306	136	17	8	25	8	60	52		0
Metro Solo.....	67	19	1	3	10	2	19	13		0
Urban Association.....	124	22	3	3	12	3	13	68		0
Urban Solo.....	31	4	0	1	3	0	8	15		0
Rural Association.....	194	38	8	1	5	3	16	123		0
Rural Solo.....	47	8	3	1	11	0	4	20		0
All General Practitioners 2008-09.....	769	227	32	17	66	16	120	291		0
All General Practitioners 2007-08.....	784	245	36	15	70	17	123	277		1
Specialists										
Paediatricians and										
Medical Geneticists.....	41	9	16	2	3	1	6	4		0
Internists and Psychiatrists.....	105	34	20	4	6	6	17	18		0
Neurologists.....	12	2	3	0	1	0	4	2		0
Cardiologists.....	20	10	3	0	0	1	2	4		0
Psychiatrists.....	41	16	4	2	3	0	10	5		1
Dermatologists.....	4	3	0	0	0	0	0	1		0
Anaesthetists.....	85	37	16	0	2	1	10	19		0
General Surgeons.....	60	18	14	0	2	1	10	15		0
Cardiac Surgeons.....	7	1	5	0	0	1	0	0		0
Orthopaedic Surgeons.....	32	16	5	0	3	0	4	4		0
Plastic and Reconstructive Surgeons.....	14	8	2	1	0	0	1	2		0
Neurological Surgeons.....	10	2	1	0	0	0	3	4		0
Obstetricians and Gynaecologists.....	46	20	6	2	0	1	8	9		0
Urological Surgeons.....	13	6	4	0	0	0	0	2		1
Ophthalmologists.....	25	14	1	1	5	0	1	3		0
Otolaryngologists.....	14	7	0	0	2	0	2	3		0
Pathologists and										
Diagnostic Radiologists.....	50	27	12	0	3	1	3	3		1
All Specialists 2008-09.....	579	230	112	12	30	13	81	98		3
All Specialists 2007-08.....	573	226	108	13	31	13	83	96		3
All Physicians 2008-09.....	1,348	457	144	29	96	29	201	389		3
Per Cent Distribution 2008-09.....	100%	34%	11%	2%	7%	2%	15%	29%		0%
All Physicians 2007-08.....	1,357	471	144	28	101	30	206	373		4
Per Cent Distribution 2007-08.....	100%	35%	11%	2%	7%	2%	15%	27%		0%

¹ The place of graduation is the location at which the first medical degree was obtained.

² Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

³ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	306	30	61	99	73	43
Metro Solo.....	67	1	15	21	19	11
Urban Association.....	124	34	32	27	24	7
Urban Solo.....	31	3	3	10	10	5
Rural Association.....	194	52	70	32	29	11
Rural Solo.....	47	4	10	14	10	9
All General Practitioners 2008-09.....	769	124	191	203	165	86
All General Practitioners 2007-08.....	784	109	199	219	169	88
Specialists						
Paediatricians and Medical Geneticists.....	41	3	10	13	11	4
Internists and Physiatrists.....	105	4	36	24	28	13
Neurologists.....	12	0	4	3	2	3
Cardiologists.....	20	2	11	4	3	0
Psychiatrists.....	41	3	9	14	6	9
Dermatologists.....	4	0	0	2	1	1
Anaesthetists.....	85	8	27	34	15	1
General Surgeons.....	60	1	23	25	4	7
Cardiac Surgeons.....	7	0	3	3	1	0
Orthopaedic Surgeons.....	32	2	12	9	7	2
Plastic and Reconstructive Surgeons.....	14	1	5	4	4	0
Neurological Surgeons.....	10	1	3	3	2	1
Obstetricians and Gynaecologists.....	46	6	12	16	11	1
Urological Surgeons.....	13	1	3	5	2	2
Ophthalmologists.....	25	3	7	9	3	3
Otolaryngologists.....	14	0	3	5	1	5
Pathologists and Diagnostic Radiologists.....	50	7	16	16	10	1
All Specialists 2008-09.....	579	42	184	189	111	53
All Specialists 2007-08.....	573	43	171	202	103	54
All Physicians 2008-09.....	1,348	166	375	392	276	139
Per Cent Distribution 2008-09.....	100%	12%	28%	29%	20%	10%
All Physicians 2007-08.....	1,357	152	370	421	272	142
Per Cent Distribution 2007-08.....	100%	11%	27%	31%	20%	10%

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24
Average Payment¹ (\$000's) Per Resident Physician² by Specialty
and Range of Paid Amount

	Type of Physician ³					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	308.6	1,348	247.3	769	390.1	579
Highest Paid.....	2,267.3		848.5		2,267.3	
Less than \$ 60,000.....	23.1	261	22.3	180	24.9	81
\$ 60,000 - \$ 74,999.....	67.2	52	67.6	38	66.2	14
\$ 75,000 - \$ 99,999.....	87.2	90	88.0	54	85.9	36
\$100,000 - \$124,999.....	112.4	80	111.6	58	114.4	22
\$125,000 - \$149,999.....	137.2	108	137.0	75	137.5	33
\$150,000 - \$174,999.....	163.1	71	162.9	49	163.4	22
\$175,000 - \$199,999.....	189.7	83	189.1	51	190.8	32
\$200,000 - \$249,999.....	226.7	145	226.1	95	227.9	50
\$250,000 - \$299,999.....	274.6	156	274.9	98	274.0	58
\$300,000 - \$349,999.....	324.7	148	324.9	97	324.3	51
Over \$350,000.....	553.7	415	444.9	154	617.9	261
Total.....	262.3	1,609	204.6	949	345.3	660

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	234.1	373	273.3	155	250.9	241
Highest Paid.....	632.5		848.5		759.3	
Less than \$ 60,000.....	20.2	118	30.7	24	23.4	38
\$ 60,000 - \$ 74,999.....	67.4	19	67.5	8	68.1	11
\$ 75,000 - \$ 99,999.....	87.9	29	86.3	8	89.0	17
\$100,000 - \$124,999.....	112.3	34	107.8	7	111.9	17
\$125,000 - \$149,999.....	136.0	33	138.3	16	137.5	26
\$150,000 - \$174,999.....	163.6	30	161.7	8	162.0	11
\$175,000 - \$199,999.....	188.7	23	188.9	11	189.6	17
\$200,000 - \$249,999.....	228.4	48	222.8	12	224.2	35
\$250,000 - \$299,999.....	274.2	46	271.4	21	278.2	31
\$300,000 - \$349,999.....	322.5	51	330.2	24	324.8	22
Over \$350,000.....	431.9	60	462.5	40	446.4	54
Total.....	182.7	491	240.8	179	219.9	279

¹ Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	206.5	41	359.7	105	692.0	20
Highest Paid.....	1016.9		1,022.3		1,663.5	
Less than \$ 60,000.....	18.3	19	24.5	26	--	--
\$ 60,000 - \$ 74,999.....	65.9	4	61.6	2	--	--
\$ 75,000 - \$ 99,999.....	87.1	10	85.0	6	--	--
\$100,000 - \$124,999.....	117.0	3	115.1	6	--	--
\$125,000 - \$149,999.....	134.4	5	137.1	6	--	--
\$150,000 - \$174,999.....	161.1	3	165.2	6	--	--
\$175,000 - \$199,999.....	185.7	3	186.8	5	--	--
\$200,000 - \$249,999.....	221.1	5	226.4	12	--	--
\$250,000 - \$299,999.....	277.0	2	278.7	7	288.3	1
\$300,000 - \$349,999.....	300.3	1	318.7	7	--	--
Over \$350,000.....	662.1	5	558.3	48	713.3	19
Total.....	146.9	60	293.2	131	692.0	20

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	303.8	12	223.1	41	425.3	4
Highest Paid.....	882.2		794.5		661.4	
Less than \$ 60,000.....	--	--	39.0	7	25.7	1
\$ 60,000 - \$ 74,999.....	--	--	70.4	1	--	--
\$ 75,000 - \$ 99,999.....	75.3	1	85.9	5	--	--
\$100,000 - \$124,999.....	--	--	114.4	5	--	--
\$125,000 - \$149,999.....	129.6	2	140.0	7	--	--
\$150,000 - \$174,999.....	155.8	2	155.2	3	--	--
\$175,000 - \$199,999.....	188.3	1	195.7	4	--	--
\$200,000 - \$249,999.....	--	--	228.3	4	--	--
\$250,000 - \$299,999.....	269.2	2	271.4	1	254.3	1
\$300,000 - \$349,999.....	--	--	318.4	5	338.6	1
Over \$350,000.....	568.1	4	511.6	6	554.2	2
Total.....	303.8	12	196.2	48	345.4	5

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)
Average Payment¹ (\$000's) Per Resident Physician² by Specialty
and Range of Paid Amount

	Type of Physician ³					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	304.5	85	395.5	60	722.4	7
Highest Paid.....	877.9		880.2		859.7	
Less than \$ 60,000.....	39.7	1	34.9	5	--	--
\$ 60,000 - \$ 74,999.....	--	--	62.8	3	--	--
\$ 75,000 - \$ 99,999.....	95.5	1	91.7	2	--	--
\$100,000 - \$124,999.....	112.2	2	105.3	1	--	--
\$125,000 - \$149,999.....	139.9	5	--	--	--	--
\$150,000 - \$174,999.....	164.5	1	167.3	3	--	--
\$175,000 - \$199,999.....	194.2	7	189.1	4	--	--
\$200,000 - \$249,999.....	227.4	11	224.2	3	--	--
\$250,000 - \$299,999.....	269.7	18	271.3	5	--	--
\$300,000 - \$349,999.....	327.6	16	329.6	5	--	--
Over \$350,000.....	447.5	24	538.8	34	722.4	7
Total.....	301.4	86	367.8	65	722.4	7

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	407.5	32	413.0	14	401.0	10
Highest Paid.....	687.1		775.5		622.0	
Less than \$ 60,000.....	32.0	4	41.8	1	--	--
\$ 60,000 - \$ 74,999.....	--	--	--	--	--	--
\$ 75,000 - \$ 99,999.....	--	--	79.1	1	--	--
\$100,000 - \$124,999.....	--	--	--	--	--	--
\$125,000 - \$149,999.....	139.8	2	--	--	--	--
\$150,000 - \$174,999.....	--	--	--	--	172.4	1
\$175,000 - \$199,999.....	--	--	--	--	186	1
\$200,000 - \$249,999.....	242.1	2	235.5	1	--	--
\$250,000 - \$299,999.....	285.5	3	294.3	3	285.2	1
\$300,000 - \$349,999.....	331.7	7	304.6	1	317	1
Over \$350,000.....	505.5	18	534.9	8	508.2	6
Total.....	365.8	36	388.2	15	401.0	10

¹ Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	357.7	46	400.2	13	837.7	25
Highest Paid.....	1,296.0		1,194.8		1,430.7	
Less than \$ 60,000.....	26.3	5	—	—	36.8	2
\$ 60,000 - \$ 74,999.....	69.3	3	—	—	—	—
\$ 75,000 - \$ 99,999.....	82.7	2	—	—	—	—
\$100,000 - \$124,999.....	108.4	2	—	—	115.4	1
\$125,000 - \$149,999.....	134.4	2	137.8	1	—	—
\$150,000 - \$174,999.....	167.3	2	—	—	—	—
\$175,000 - \$199,999.....	186.6	4	—	—	—	—
\$200,000 - \$249,999.....	230.3	2	242.6	2	221.7	2
\$250,000 - \$299,999.....	263.3	5	271	2	—	—
\$300,000 - \$349,999.....	305.1	1	—	—	317.4	2
Over \$350,000.....	540.5	23	504.7	8	987.5	20
Total.....	325.2	51	400.2	13	778.4	27

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians ⁴	442.1	14	500.4	50
Highest Paid.....	980.4		2,267.3	
Less than \$ 60,000.....	—	—	14.9	10
\$ 60,000 - \$ 74,999.....	—	—	73.1	1
\$ 75,000 - \$ 99,999.....	—	—	85.3	8
\$100,000 - \$124,999.....	122.2	1	118.3	1
\$125,000 - \$149,999.....	136.3	1	141.8	2
\$150,000 - \$174,999.....	—	—	170.5	1
\$175,000 - \$199,999.....	197.6	1	199.6	2
\$200,000 - \$249,999.....	234.3	1	228.4	5
\$250,000 - \$299,999.....	257.0	1	281.0	6
\$300,000 - \$349,999.....	308.8	1	331.7	3
Over \$350,000.....	616.6	8	927.1	21
Total.....	442.1	14	419.5	60

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25
Average Payment (\$000's) Per Physician
By Specialty, 2003-04 to 2008-09

Type of Physician ¹	Average Payment ² (\$000's)						Average Annual Per Cent Change
	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2003-04 to 2008-09
General Practitioners							
Metro Association.....	180.0	198.9	206.2	210.6	228.5	233.5	5.40
Metro Solo.....	201.3	223.3	243.5	238.6	240.3	236.7	3.44
Urban Association.....	231.0	249.1	248.8	252.2	272.4	257.2	2.30
Urban Solo.....	256.8	257.0	290.9	290.7	310.9	338.0	5.78
Rural Association.....	224.1	238.8	245.2	245.8	267.0	248.5	2.23
Rural Solo.....	219.4	253.9	287.2	264.1	269.0	260.7	3.92
All General Practitioners	207.3	225.1	234.2	234.6	251.4	247.3	3.67
Specialists							
Paediatricians and Medical Geneticists.....	178.6	195.5	222.4	206.1	210.8	206.5	3.23
Internists and Psychiatrists.....	284.9	303.7	333.3	328.4	369.2	359.7	4.95
Neurologists.....	235.2	250.5	280.8	295.7	307.2	303.8	5.34
Cardiologists.....	550.9	631.6	736.9	691.2	647.1	692.0	5.13
Psychiatrists.....	217.3	239.0	218.5	207.5	218.7	223.1	0.76
Dermatologists.....	327.5	362.8	372.2	419.1	414.7	425.3	5.49
Anaesthetists.....	237.7	262.3	283.0	291.3	304.1	304.5	5.14
General Surgeons.....	304.7	336.5	366.7	387.5	397.2	395.5	5.43
Cardiac Surgeons.....	511.0	686.7	722.6	725.2	718.9	722.4	7.92
Orthopaedic Surgeons.....	323.0	359.2	365.1	380.7	376.8	407.5	4.85
Plastic and Reconstructive Surgeons.....	297.9	334.4	363.8	376.6	380.9	413.0	6.83
Neurological Surgeons.....	343.0	344.0	396.8	400.0	314.3	401.0	4.52
Obstetricians and Gynaecologists.....	305.2	334.2	358.6	351.3	369.7	357.7	3.35
Urological Surgeons.....	350.5	411.3	381.9	388.3	399.0	400.2	2.99
Ophthalmologists.....	543.6	636.0	726.9	751.6	777.6	837.7	9.17
Otolaryngologists.....	395.6	407.0	415.9	435.4	443.8	442.1	2.26
Pathologists and Diagnostic Radiologists.....	490.9	487.9	453.6	481.1	505.3	500.4	0.50
All Specialists	316.0	343.7	366.1	371.0	385.9	390.1	4.35
Spec. less Pathologists & Radiologists.....	301.8	331.8	357.5	360.8	375.0	379.7	4.76
All Physicians	251.8	274.2	288.4	291.4	308.2	308.6	4.20
Phys. less Pathologists & Radiologists.....	244.3	267.2	282.0	284.5	301.0	301.2	4.34

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

² Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of RHAs. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.

4) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

5) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments (\$000's) by Specialty Group

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	162	255.2	61	488.9	73	498.4	42	441.2
Saskatoon ³	212	218.4	138	260.5	102	451.9	81	343.7
Moose Jaw	23	299.2	4	652.3	7	519.9	3	277.3
Prince Albert	56	256.1	10	339.7	15	347.1	7	487.6
Yorkton	15	280.4	4	297.1	8	497.6	--	--
Swift Current	19	222.7	3	312.6	6	323.2	2	**
North Battleford	21	292.5	2	**	7	378.5	--	--
Estevan	10	362.1	--	--	--	--	--	--
Weyburn	12	256.0	--	--	--	--	--	--
All Other Locations	239	251.1	1	**	3	173.4	--	--
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year ²	711	252.5	219	335.9	216	457.7	132	380.2
2. Resident Full Year ²	705	257.0	212	343.8	201	481.1	128	390.0
3. Resident and Active in Two Consecutive Years ²	674	262.3	204	353.1	202	479.4	125	393.1
4. Resident During Any Portion of the Year and Earning \$60,000 or More	798	243.1	229	330.6	223	451.6	141	365.5
5. Person-Year Equivalents and Earning \$60,000 or More ⁴	768.6	252.4	223.2	339.1	215.6	467.1	135.5	380.3
6. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	639	275.0	191	370.0	193	498.2	114	418.4
7. Resident at Year End and Majority of Billings are Fee-For-Service ³	657	265.1	200	356.6	198	478.6	129	386.2
C. By Age Group:²								
Under 35	124	201.4	12	171.6	15	309.2	15	251.5
35 - 44	191	238.6	70	308.1	71	459.5	43	292.7
45 - 54	203	260.5	60	315.0	79	522.3	50	408.5
55 - 64	165	277.0	51	433.7	35	449.6	25	539.0
65 +	86	244.5	30	330.8	21	292.5	2	320.9

¹ Physicians are grouped as follows:

- Medical Specialists: Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists and Medical Geneticists.
- Surgical Specialists: General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists: Anaesthetists, Pathologists and Diagnostic Radiologists.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

³ Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

⁴ Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments¹ for Specialist and Rural Emergency Coverage Programs

	Specialist			Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
	Emergency Coverage		Payments ²		
	Number of Rotations				
	Tier I	Tier II			
Regional Health Authority					
1 Sun Country.....	2	4	\$471,767	\$794,977	\$1,266,744
2 Five Hills.....	7	3	\$908,926	\$337,939	\$1,246,865
3 Cypress.....	6	3	\$757,151	\$585,240	\$1,342,391
4 Regina Qu'Appelle.....	32	10	\$4,554,900	\$673,743	\$5,228,644
5 Sunrise.....	6	2	\$747,909	\$577,051	\$1,324,961
6 Saskatoon.....	40	21	\$6,024,723	\$696,762	\$6,721,486
7 Heartland.....	0	2	\$84,388	\$900,837	\$985,225
8 Kelsey Trail.....	0	6	\$166,183	\$695,968	\$862,151
9 Prince Albert Parkland.....	7	4	\$1,043,877	\$127,928	\$1,171,805
10 Prairie North.....	10	6	\$967,241	\$516,914	\$1,484,155
11 Mamawetan Churchill River.....	0	0	\$0	\$128,485	\$128,485
12 Keewatin Yatthé.....	0	0	\$0	\$204,060	\$204,060
13 Athabasca.....	0	0	\$0	\$86,488	\$86,488
All Regional Health Authorities.....	110	61	\$15,727,065	\$6,326,393	\$22,053,458
Other Emergency Coverage					
Medical Health Officers.....	0	4	\$260,617	--	\$260,617
Saskatchewan Cancer Agency.....	1	6	\$479,369	--	\$479,369
All Emergency Coverage.....	111	71	\$16,467,051	\$6,326,393	\$22,793,445

¹ Includes payments made indirectly to physicians through RHAs, the Saskatchewan Cancer Agency or other.

² Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

³ Includes all ERCP payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28**Medical Remuneration and Alternate Payment Expenditures (\$000's)**

	Medical Remuneration Payments ¹		Alternate Payments		Non-Fee-For-Service Total Payments	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
Regional Health Authority						
1 Sun Country.....	\$1,647	\$1,717	\$0	\$0	\$1,647	\$1,717
2 Five Hills.....	\$4,806	\$5,146	\$1,334	\$1,747	\$6,140	\$6,893
3 Cypress.....	\$4,006	\$4,314	\$2,346	\$2,378	\$6,352	\$6,693
4 Regina Qu'Appelle.....	\$42,856	\$45,929	\$1,983	\$1,740	\$44,839	\$47,669
5 Sunrise.....	\$4,503	\$4,825	\$0	\$0	\$4,503	\$4,825
6 Saskatoon.....	\$33,125	\$37,938	\$5,120	\$5,699	\$38,245	\$43,637
7 Heartland.....	\$435	\$563	\$0	\$0	\$435	\$563
8 Kelsey Trail.....	\$941	\$1,041	\$0	\$0	\$941	\$1,041
9 Prince Albert Parkland.....	\$5,313	\$5,725	\$4,550	\$4,867	\$9,863	\$10,592
10 Prairie North.....	\$5,476	\$6,674	\$1,229	\$386	\$6,705	\$7,060
11 Mamawetan Churchill River.....	\$68	\$69	\$0	\$0	\$68	\$69
12 Keewatin Yatthé.....	\$0	\$0	\$0	\$0	\$0	\$0
13 Athabasca.....	\$0	\$0	\$0	\$0	\$0	\$0
All Regional Health Authorities.....	\$103,175	\$113,941	\$16,561	\$16,818	\$119,736	\$130,758
Provincial Projects².....	\$0	\$0	\$8,067	\$8,839	\$8,067	\$8,839
All Expenditures.....	\$103,175	\$113,941	\$24,628	\$25,657	\$127,803	\$139,598

¹ These expenditures for physician services are administered through RHAs and funded by Saskatchewan Health.

² These Alternate Payment arrangements are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29

Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence													Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	
		Sun	Five	Cypres	Regina	Sunrise	Saska-	Heart-	Kelsey	Prince	Prairie	Mama-	Keewatin	Atha-	Total
Age Groups	Sex	Country	Hills		Qu'Appelle		toon	land	Trail	Albert	North	wetan	Yatthe	basca	
Under 1	M	320	294	216	1,631	269	1,902	239	247	587	620	273	135	34	6,767
	F	322	281	211	1,556	294	1,814	214	229	564	651	268	122	32	6,558
	T	643	575	427	3,188	562	3,716	453	476	1,150	1,271	541	257	66	13,325
1 - 4	M	1,257	1,114	968	6,030	1,216	7,220	948	964	2,284	2,357	1,039	475	126	25,998
	F	1,264	1,065	889	5,746	1,087	7,009	877	891	2,153	2,316	975	435	128	24,835
	T	2,522	2,179	1,857	11,776	2,303	14,229	1,824	1,855	4,437	4,674	2,014	910	254	50,833
5 - 9	M	1,566	1,457	1,278	7,303	1,491	8,921	1,247	1,285	2,886	2,777	1,170	534	130	32,045
	F	1,540	1,389	1,200	7,080	1,468	8,383	1,151	1,176	2,731	2,726	1,128	498	133	30,611
	T	3,106	2,846	2,478	14,392	2,959	17,304	2,398	2,461	5,618	5,503	2,298	1,032	263	62,656
10 - 14	M	1,796	1,618	1,414	8,049	1,697	9,698	1,373	1,437	2,940	2,917	1,161	630	119	34,849
	F	1,743	1,584	1,366	7,675	1,519	9,195	1,354	1,386	2,901	2,869	1,160	552	111	33,414
	T	3,539	3,202	2,779	15,724	3,216	18,893	2,726	2,822	5,841	5,786	2,321	1,182	230	68,263
15 - 19	M	1,999	2,020	1,655	9,413	1,990	11,096	1,653	1,591	3,444	3,211	1,236	657	121	40,086
	F	1,888	1,848	1,545	8,975	1,897	10,404	1,574	1,527	3,214	3,007	1,163	635	114	37,791
	T	3,886	3,868	3,200	18,388	3,888	21,500	3,228	3,118	6,658	6,218	2,399	1,292	235	77,877
20 - 24	M	1,894	2,085	1,493	9,744	1,788	11,818	1,696	1,512	2,914	3,113	1,003	563	130	39,752
	F	1,773	1,893	1,342	9,249	1,713	11,580	1,484	1,306	2,744	2,958	936	539	126	37,643
	T	3,667	3,978	2,835	18,992	3,501	23,398	3,180	2,818	5,658	6,071	1,939	1,102	256	77,395
25 - 29	M	1,881	1,740	1,306	9,436	1,549	11,484	1,334	1,196	2,447	2,932	828	399	99	36,631
	F	1,685	1,630	1,235	9,085	1,521	11,216	1,202	1,043	2,337	2,754	755	390	104	34,956
	T	3,567	3,370	2,541	18,521	3,070	22,700	2,535	2,239	4,784	5,686	1,583	789	203	71,587
30 - 34	M	1,679	1,449	1,190	8,481	1,486	10,243	1,160	1,168	2,223	2,379	728	373	91	32,648
	F	1,536	1,517	1,181	8,331	1,371	9,907	1,120	1,085	2,270	2,252	762	371	70	31,773
	T	3,215	2,966	2,370	16,812	2,857	20,150	2,280	2,252	4,493	4,631	1,490	744	161	64,421
35 - 39	M	1,551	1,377	1,139	8,122	1,506	9,810	1,152	1,156	2,246	2,245	778	415	75	31,571
	F	1,446	1,447	1,238	8,070	1,498	9,543	1,084	1,075	2,391	2,226	696	407	70	31,190
	T	2,997	2,824	2,377	16,192	3,004	19,353	2,236	2,231	4,636	4,470	1,474	822	145	62,761
40 - 44	M	1,759	1,618	1,370	8,891	1,811	10,394	1,321	1,300	2,450	2,371	694	432	68	34,479
	F	1,687	1,717	1,401	8,934	1,768	10,364	1,280	1,330	2,509	2,351	667	395	67	34,469
	T	3,446	3,335	2,771	17,824	3,579	20,759	2,601	2,629	4,959	4,722	1,361	827	135	68,948
45 - 49	M	2,154	2,256	1,824	10,069	2,127	11,801	1,712	1,525	2,776	2,700	641	389	54	40,026
	F	1,984	2,184	1,790	10,045	2,026	11,919	1,686	1,438	2,907	2,608	630	336	67	39,620
	T	4,138	4,440	3,614	20,114	4,153	23,720	3,398	2,963	5,682	5,308	1,271	725	121	79,646
50 - 54	M	2,146	2,253	1,828	9,435	2,241	11,192	1,870	1,563	2,698	2,419	585	280	46	38,555
	F	1,973	2,188	1,722	9,569	2,102	11,176	1,622	1,488	2,642	2,381	547	233	34	37,675
	T	4,118	4,441	3,550	19,003	4,343	22,367	3,492	3,051	5,339	4,800	1,132	513	80	76,230
55 - 59	M	1,695	1,850	1,452	7,674	2,022	8,846	1,489	1,445	2,314	2,094	465	248	34	31,629
	F	1,579	1,801	1,354	7,662	1,938	8,766	1,352	1,317	2,328	1,883	398	210	30	30,619
	T	3,273	3,651	2,806	15,337	3,961	17,613	2,840	2,763	4,642	3,977	863	458	64	62,248
60 - 64	M	1,375	1,572	1,202	5,918	1,619	6,780	1,201	1,219	2,014	1,574	344	181	25	25,023
	F	1,340	1,464	1,196	6,087	1,699	6,668	1,185	1,218	1,936	1,428	283	143	32	24,679
	T	2,715	3,036	2,398	12,005	3,318	13,448	2,386	2,437	3,949	3,002	627	324	57	49,702
65 - 69	M	1,064	1,068	954	4,301	1,453	4,915	925	1,087	1,508	1,219	210	146	27	18,877
	F	1,075	1,178	959	4,703	1,518	5,309	895	1,007	1,483	1,196	183	123	16	19,644
	T	2,139	2,245	1,912	9,004	2,971	10,224	1,820	2,094	2,991	2,415	393	269	43	38,521
70 - 74	M	955	1,020	877	3,516	1,265	3,934	782	831	1,197	942	159	100	14	15,591
	F	1,016	1,043	914	4,087	1,365	4,763	830	834	1,246	979	136	70	10	17,312
	T	1,971	2,063	1,791	7,603	2,650	8,697	1,612	1,665	2,443	1,921	295	170	24	32,903
75 & Over	M	2,125	2,213	1,809	6,760	2,748	7,812	1,816	1,757	2,193	1,684	192	127	26	31,259
	F	2,966	3,443	2,531	10,732	3,983	12,490	2,577	2,465	3,094	2,315	234	131	12	46,969
	T	5,091	5,654	4,339	17,491	6,732	20,301	4,392	4,221	5,286	3,999	426	258	38	78,228
Total all ages	M	27,215	27,002	21,971	124,771	28,278	147,864	21,918	21,283	39,121	37,553	11,506	6,084	1,219	515,786
	F	26,817	27,671	22,069	127,595	28,786	150,507	21,484	20,814	39,447	36,901	10,921	5,590	1,156	519,758
	T	54,032	54,674	44,039	252,366	57,065	298,371	43,402	42,098	78,568	74,454	22,427	11,674	2,375	1,035,544

Notes: 1) Population as at June 30, 2008.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30**Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority**

		Regional Health Authority of Physician Practice													Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Regional Health Authority of	Patient Residence	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca	Out of Province
1	Sun Country	82.2	1.3	0.1	12.7	0.2	0.8	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.3
2	Five Hills	0.5	85.7	0.7	7.1	0.1	2.2	0.3	0.1	0.2	0.1	0.0	0.0	0.0	2.9
3	Cypress	0.2	2.4	81.8	2.3	0.1	2.3	0.6	0.0	0.1	0.2	0.0	0.0	0.0	9.8
4	Regina Qu'Appelle	0.6	0.5	0.1	94.4	0.6	1.4	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.0
5	Sunrise	0.3	0.2	0.1	7.5	83.2	3.6	0.2	1.2	0.2	0.1	0.0	0.0	0.0	3.3
6	Saskatoon	0.1	0.1	0.1	1.2	0.3	93.5	0.4	0.7	1.0	0.5	0.0	0.0	0.0	2.2
7	Heartland	0.1	1.1	1.2	0.5	0.1	11.5	73.9	0.1	0.2	4.3	0.0	0.0	0.0	7.0
8	Kelsey Trail	0.1	0.1	0.9	1.0	0.4	7.4	0.1	81.4	6.0	0.3	0.0	0.0	0.0	2.1
9	Prince Albert Parkland	0.1	0.0	0.1	0.5	0.0	6.9	0.1	2.2	85.7	2.1	0.2	0.1	0.0	1.9
10	Prairie North	0.1	0.1	0.1	0.3	0.1	4.6	0.9	0.1	1.0	72.7	0.0	0.0	0.0	20.1
11	Mamawetan Churchill River	0.0	0.1	0.1	0.7	0.1	6.6	0.1	0.4	26.2	0.5	43.5	0.2	0.1	21.4
12	Keewatin Yatthe	0.0	0.0	0.0	0.5	0.0	8.2	0.1	0.0	5.7	36.1	0.6	44.4	0.0	4.3
13	Athabasca	0.0	0.0	0.0	1.3	0.0	12.8	0.7	0.8	32.4	0.9	3.5	0.7	42.8	4.2
	Rural Emergency Coverage	12.4	5.8	10.0	10.4	9.3	10.2	13.8	10.7	2.5	8.1	2.0	3.2	1.4	0.0
All Regional Health Authorities		5.5	4.9	3.7	24.3	5.2	27.3	4.1	4.2	8.5	6.6	0.7	0.5	0.1	4.4

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Payments to physicians by regional health authority have not been adjusted for itinerant services.

5) See "Data Limitations" on page 10.

Table 31**Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)**

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding	Per Cent of Insured	Population Treated (%)	Per Capita Payments Excluding	Per Cent of Insured	Population Treated (%)	Per Capita Payments Excluding	Per Cent of Insured	Population Treated (%)
	Emergency Coverage (\$)	Per Capita Services		Emergency Coverage (\$)	Per Capita Services		Emergency Coverage (\$)	Per Capita Services	
1 Sun Country	228.50	7.29	86.1	188.06	2.91	36.5	416.56	10.20	87.4
2 Five Hills	193.73	7.00	85.1	243.61	4.02	44.4	437.34	11.02	87.0
3 Cypress	185.96	6.31	79.7	231.23	4.12	40.8	417.19	10.43	82.2
4 Regina Qu'Appelle	191.70	6.58	85.0	267.22	4.44	49.2	458.92	11.02	87.4
5 Sunrise	205.05	7.16	82.3	243.32	4.03	44.8	448.37	11.19	85.5
6 Saskatoon	181.55	6.28	84.9	257.64	4.72	49.8	439.18	11.00	87.1
7 Heartland	222.62	7.44	85.8	217.38	3.72	42.7	440.01	11.16	87.7
8 Kelsey Trail	205.66	6.90	82.5	197.55	3.05	36.0	403.21	9.95	84.1
9 Prince Albert Parkland	227.40	7.74	88.5	234.48	3.99	45.7	461.88	11.73	90.2
10 Prairie North	209.30	6.57	80.6	212.51	4.21	37.7	421.81	10.77	82.2
11 Mamawetan Churchill River	119.30	3.76	68.4	152.77	2.57	30.4	272.07	6.33	71.4
12 Keewatin Yatthé	155.29	4.39	73.9	170.00	2.74	29.0	325.29	7.13	75.8
13 Athabasca	72.88	2.06	56.0	183.09	2.96	35.9	255.97	5.03	62.2
All Regional Health Authorities	195.07	6.62	82.7	241.19	4.18	45.0	436.26	10.80	84.8

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.

5) See "Data Limitations" on page 10.

Table 32
General Practitioners in Relation to Population,
Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴
1 Sun Country.....	41	36	1,501	\$294,421	2,260	6,620
2 Five Hills.....	47	31	1,764	\$298,993	2,504	7,334
3 Cypress.....	37	32	1,376	\$219,893	1,713	5,342
4 Regina Qu'Appelle.....	282	189	1,335	\$261,086	2,651	6,360
5 Sunrise.....	37	33	1,729	\$314,624	2,293	7,615
6 Saskatoon.....	364	247	1,208	\$222,189	2,339	5,200
7 Heartland.....	30	26	1,669	\$314,834	2,139	6,893
8 Kelsey Trail.....	45	31	1,358	\$271,035	2,217	5,861
9 Prince Albert Parkland.....	88	67	1,173	\$253,591	2,810	6,278
10 Prairie North.....	93	57	1,306	\$229,375	1,942	4,859
11 Mamawetan Churchill River....	14	11	2,039	\$106,066	1,834	2,556
12 Keewatin Yatthé.....	18	7	1,668	\$95,289	1,436	2,401
13 Athabasca.....	6	2	—	\$75,054	1,308	1,579
All Regional Health Authorities.....	1,054	769	1,347	\$247,269	2,373	5,827

¹ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

Physicians may be counted in more than one RHA but the provincial total is a discrete count.

² General Practitioners with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

⁴ A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 33
Post-Graduate Medical Education ¹
and Retention Rates by Academic Year ²

Type of Physician	2003-04		2004-05		2005-06	
	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	9 ⁴	5	9	6	8 ⁵	6
Family Medicine – Saskatoon.....	9 ⁵	3	10	8	9 ⁴	8
Family Medicine – Rural.....	5	4	3	1	1	1
Family Medicine/Emergency.....	3	2	2	2	3	2
All Family Medicine.....	26	14	24	17	21	17
Anaesthesia.....	2	-	3	1	2	2
Cardiology.....	2	2	1	1	1	1
Diagnostic Radiology ⁸	3	3	3	3	3	2
General Surgery.....	2	-	2	1	3	1
Internal Medicine.....	-	-	-	-	2	2
Neonatal/Perinatal.....	-	-	-	-	-	-
Neurology.....	1	-	-	-	-	-
Neurosurgery.....	2	-	1	-	1	-
Obstetrics/Gynaecology.....	1	1	3	1	2	1
Ophthalmology.....	1	1	1	-	1	-
Orthopaedic Surgery.....	2	-	2	-	1	-
Paediatrics.....	2	-	1	-	2	-
Pathology.....	-	-	-	-	-	-
Physical Medicine & Rehabilitation.....	-	-	-	-	3	2
Psychiatry.....	1	1	4	3	3	2
Respiratory Medicine.....	1	-	1	1	-	-
Rheumatology.....	1	1	-	-	-	-
All Specialists.....	21	9	22	11	24	13
Total CSF Funded.....	47	23	46	28	45	30
Externally Funded.....	4	4	10	7	5	1
Total Physicians.....	51	27	56	35	50	31
CSF Funded Retention Rates⁷						
Family Medicine.....		61%		71%		94%
Specialists.....		43%		50%		54%
All Physicians.....		52%		61%		71%
CSF Funded and Externally Funded Retention Rates⁷						
All Physicians.....		56%		63%		66%

¹ The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

² Period ending June of stated year.

³ Graduates who practised in Saskatchewan for at least six months upon completion of program.

⁴ One graduate went on to a further residency program.

⁵ Two graduates went on to a further residency program.

⁶ Three graduates went on to a further residency program.

⁷ Net of the number of graduates who have entered further training.

⁸ Medical Imaging became Diagnostic Radiology in 2004-05.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33
(Continued)

Type of Physician	2006-07		2007-08		CSF Funded Positions in 2008-09	Retention Rate ⁷ of June 2008 Graduates
	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	8 ⁶	3	8	7	24	88%
Family Medicine – Saskatoon.....	12 ⁶	5	11 ⁵	8	23	89%
Family Medicine – Rural.....	6	5	4 ⁴	3	8	100%
Family Medicine/Emergency.....	2	1	2	2	4	100%
All Family Medicine.....	28	14	25	20	59	91%
Anaesthesia.....	4	3	1	1	27	100%
Cardiology.....	-	-	1	0	4	0%
Diagnostic Radiology ⁸	4	1	3	1	17	33%
General Surgery.....	2	1	4	2	25	50%
Internal Medicine.....	1	-	1	1	43	100%
Neonatal/Perinatal.....	-	-	-	-	1	0%
Neurology.....	1	-	1	0	7	0%
Neurosurgery.....	-	-	1	0	6	0%
Obstetrics/Gynaecology.....	3	1	1	1	19	100%
Ophthalmology.....	1	-	1	0	5	0%
Orthopaedic Surgery.....	1	-	2	0	17	0%
Paediatrics.....	3	2	4	2	20	50%
Pathology.....	1	1	1	1	6	100%
Physical Medicine & Rehabilitation.....	1	1	1	0	4	0%
Psychiatry.....	2	2	1	1	22	100%
Respiratory Medicine.....	1	1	1	1	3	100%
Rheumatology.....	1	1	-	-	1	0%
All Specialists.....	26	14	24	11	227	46%
Total CSF Funded.....	54	28	49	31	286	67%
Externally Funded.....	5	5	6	6	48	100%
Total Physicians.....	59	33	55	37	334	71%
CSF Funded Retention Rates⁷						
Family Medicine.....		64%		91%		
Specialists.....		54%		46%		
All Physicians.....		58%		67%		
CSF Funded and Externally Funded Retention Rates⁷						
All Physicians.....		62%		76%		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2007-08	2008-09	2007-08	2008-09
Number of Registered ¹ Practitioners.....	170	177	121	122
Population Per Registered ¹ Practitioner.....	5,969	5,851	8,386	8,488
Per Cent of Beneficiaries Treated.....	12.3%	11.9%	10.5%	10.0%
Practising² Chiropractors and Optometrists:				
Number of Practitioners.....	169	173	120	122
Number by Age Group: Under 35.....	39	38	36	36
35 - 44.....	64	68	24	25
45 - 54.....	43	41	29	27
55 - 64.....	16	17	24	27
65 and over.....	7	9	7	7
Average Number of Patients Per Practitioner.....	950	936	878	862
Average Patient Contacts Per Practitioner.....	5,207	4,907	1,016	1,013
Average Payment Per Practitioner.....	\$66,910	\$64,578	\$44,451	\$45,303
Number by Dollar Range: Less than \$10,000.....	9	9	5	3
\$10,000 - 19,999.....	10	7	11	10
\$20,000 - 39,999.....	23	31	34	39
\$40,000 - 59,999.....	38	47	43	42
\$60,000 - 79,999.....	29	27	21	21
\$80,000 - 99,999.....	35	26	5	6
\$100,000 - 119,999.....	10	13	1	1
\$120,000 - 139,999.....	7	3	0	0
\$140,000 - 159,999.....	2	4	0	0
\$160,000 - 179,999.....	4	3	0	0
\$180,000 & over.....	2	3	0	0

¹ Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

² Chiropractors and Optometrists receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Appendix

Recruitment and Retention Initiatives

- **Specialist Recruitment and Retention Program** -- A \$2.0 million fund, jointly managed by the SMA, RHAs and the Ministry of Health in a tripartite committee, is used to fund three programs: 1) *The Specialist Residency Bursary Program* offers up to 15 bursaries of \$25,000 to fund residents in specialty training at the U of S for a maximum of three years. These bursaries require a return-of-service commitment of one year for each year of funding received; 2) *The Specialist Physician Establishment Grant* provides up to 15 grants of \$30,000 to eligible specialists who establish a practice in Saskatchewan for a minimum of 36 months; and 3) *The Specialist Physician Enhancement Training Program* funds practising specialists to obtain additional training. This program provides six grants of up to \$80,000 per year for a maximum of two years, and requires a return-of-service commitment of two months for each month of funding received. Candidates must have practised in Saskatchewan for two years to be eligible.
- **Specialist Emergency Coverage Program** -- This program was originally negotiated as part of the 2000-2003 SMA Agreement and is jointly managed by the SMA, RHAs and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- **Long Service Retention Program** -- This program, at a current budget of \$6.6 million, was originally established as part of the 2000-2003 SMA Agreement. It is intended to recognize physicians who provide 10 or more years of service to the province.
- **Rural Practice Establishment Grant (RPEG) Program** -- Grants of \$25,000 are available to Canadian-trained or landed immigrant physicians who establish new practices in rural Saskatchewan for a minimum of 18 months.
- **Rural Practice Establishment Grant (RPEG) for Foreign-Trained Physicians** -- Grants of up to \$25,000 are available to eligible foreign-trained family physicians who establish a practice for 18 months in a rural community. The 18-month return-of-service commitment will begin after the first 18 months required to qualify for the program have been completed. Eligible communities are those that have a population of 10,000 or less that can support two or more physicians in a group or shared call arrangement.
- **Emergency Room Coverage/Weekend Relief Program** -- This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).
- **Regional Practice Establishment (RPEG) Program** -- Grants of \$10,000 are available to eligible family physicians who establish a practice for a minimum of 18 months in a regional centre. An 18-month return-of-service commitment will begin after the initial 18-month qualification period is fulfilled.
- **Family Medicine Residency Bursary Program** -- Bursaries of \$25,000 per year are available to assist family medicine residents with educational expenses in exchange for a rural return-of-service commitment.
- **Undergraduate Medical Student Bursary Program** -- Grants, at the current level of \$15,000 per year, are available to medical students who sign a return of service commitment to a rural Saskatchewan community. Undergraduates who pursue a Family Medicine residency are eligible for three years of undergraduate funding and two years of resident funding, increasing the maximum funding available to \$95,000.
- **Rural Practice Enhancement Training** -- This program provides income replacement to in-practice rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required.

- **Specialist Re-Entry Program** -- This program provides up to four grants annually to practising family physicians entering specialty training. The Ministry of Health and the SMA co-manage and fund this program (each fund two of the grants). Physicians must have practised full-time in rural Saskatchewan for three years to qualify plus make a return-of-service commitment of one year for every year of training.
- **Rural Emergency Care - CME Program** -- This Continuing Medical Education program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support and Paediatric Advanced Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of \$250) may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return of service commitment is expected.
- **Locum Service Program** -- This program, operated by the SMA and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education or other leave.
- **Support Services** -- The SMA operates a Rural Travel Assistance Program, a Rural Extended Leave Program, a Liability Insurance Coverage Program, a Continuing Medical Education fund, and Parental Leave Program.
- **Information Technology Fund** -- A \$2.0 million initiative established through the 2006-2009 SMA Agreement will assist in the development of the electronic medical record as part of the overall Electronic Health Record.
- **Saskatchewan Health International Medical Graduates (IMG) Residency Training Program** -- This program funds up to four residency positions annually at the U of S. These positions are dedicated to international medical graduates who require a period of residency training in order to qualify for licensure to practise in Saskatchewan.

Agreements with Professional Associations

- The physician agreement between the Ministry of Health and the Saskatchewan Medical Association (SMA) covered three years, April 1, 2006 to March 31, 2009. It provided general fee increases of 2.8 per cent on April 1 of each year plus \$3.0 million over the term of the agreement for new items and modernization of the Payment Schedule. The agreement also provided a total of \$11.8 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 57).
- The chiropractic agreement between the Ministry of Health and the Chiropractors' Association of Saskatchewan covered three years, April 1, 2006 to March 31, 2009 and provided fee increases of 2.5 per cent in each year of the contract.
- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covers the period April 1, 2007 to March 31, 2010. It provided a 6 per cent general fee increase for the first year retroactive to April 1, 2007, and 3 per cent general fee increases in each subsequent year.
- The latest dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2005 to March 31, 2008. It provided an 8.2 per cent general fee increase retroactive for services on or between April 1, 2006 and March 31, 2007, and a 4 per cent general fee increase effective April 1, 2007.

